# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

*.	INTOXIMETERS, MODEL IN	NTOX EC/IR II
County /	ALAMANCE Instrument Location	MALAMANCE CO. JAIL
Instrument	nent Serial No. <u>008913</u> <u>109 S. M.C.</u>	PLE ST. GRAHAM, NO
The preven	ventive maintenance procedures for the Intoximeters, Model Intonths are:	ox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	alcoholic breath simulator thermometer show
2.	Verify instrument displays time and date;	•
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
.5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample	e:
7.	When "PLEASE BLOW" appears, collect breath sample	
8.	Print test record;	· ·
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or whichever occurs first.	ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
roceaures we	day of APRIL , 20 /s were performed on the instrument indicated above, in accordance of Health and Human Services, and the instrument is functioning	the forgoing preventive maintenance se with current regulations of the N.C.
O' IN STATE O	Sus D Smith	637
	Signature of Certifying Official	Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 04/25/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:23pm 3:24pm 3:25pm 3:26pm <b>3:27pm</b> 3:27pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3 · 3 0 mm

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913

Test Record Number: 2491 Test Time: 3:35pm EDT

Test Date: 04/25/2016 Test Time: 3:35pt

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:36pm
FLO	Pass	3:36pm
FC	Pass	3:36pm

#### Temperature Tests

SRC Pass 3:36pm DET Pass 3:36pm	Test	Status	Time
BT Pass 3:36pm	SRC DET BAR	Pass Pass Pass	3:36pm 3:36pm 3:36pm 3:36pm 3:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:36pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:37pm
CAL	Pass	3:37pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

6	INTOXIMETERS, MODEL INTOX EC/IR II
County A	LAMANCE Instrument Location ALAMANCE Co. JAI.
Instrument Se	erial No. OO8651 109 S. MAPLE ST. GRAHAM, NO
	e maintenance procedures for the Intoximeters, Model Intox EC/IP II to be fallowed at
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that on rocedures were Department of H	the
OF THE STATE OF N.  OF THE	200 And 637
	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008657 Test Date: 04/25/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTNENACE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: MONE

Analyst's Name SMITH, BRIAN D
Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	3:24pm
AIR BLK	.00	3:25 pm
ACCY CHK	108	3:26pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:27pm
AIR BLK	0.0	3:28pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm

Reported AC: .00 g/210L

Signature of Chemical Amalyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services

Analyst

Rev. 12/2007

# ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008651

Test Record Number: 1229 Test Date: 04/25/2016 Test Time: 3:35pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:36pm
FLO	Pass	3:36pm
FC	Pass	3:36pm

### Temperature Tests

Test	\$tatus	Time
FC1 SRC	Pass Pass	3:36pm 3:36pm
DET BAR	Pass	3:36pm
BT.	Pass Pass	3:36pm 3:36pm
7	царр	၁ : ၁၀ည္။

#### Blank Tests

Test	Ştatus	Time
AIR	Pass	3:37pm
1 1 1 1		

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm
	CRC Tests	· •
Test	Status	Time
COMP CAL	Pass Pass	3:37pm 3:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County L	LAMANCE	,, , , , , , , , , , , , , , , ,	7		
County	11174 PAINTY CR	Instru	ment Location Ale	LINCTON	<u> </u>
Instrument S	Serial No. <u>00 8907</u>	_ 267	W. FRONT	St. Bull.	NGTON, NC
The preventi four months	ve maintenance procedures for are:	the Intoximeter	rs, Model Intox EC/IR	II to be followed a	t least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays p .2 degree centi	ressure, or the alcohol	ic breath simulator	thermometer show
2.	Verify instrument displays	time and date;			
3.	Initiate breath test sequence	e;			
4.	Enter information as prom	pted;			
5.	Verify instrument accuracy	<i>'</i> ;			
6.	When "PLEASE BLOW"	appears, collec	t breath sample;		
7.	When "PLEASE BLOW"	appears, collec	t breath sample;		
··· 8.	Print test record;				
9.	Verify Diagnostic Program	; and			
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed every	g changed before expir four months or after 12	ation date, or the a 25 Alcoholic Breatl	lcoholic breath h Simulator tests,
I certify that or procedures we Department of	n the day of re performed on the instrument Health and Human Services, an	RIL indicated above ind the instrume	e, in accordance with ont is functioning prope	he forgoing preven current regulations orly.	tive maintenance of the N.C.
THE STATE OF THE S	24 - Zu	) ignature of Cer	vitok tifying Official	Certific	₹ ate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 04/25/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D Permit Number: 8937E Effective: 08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	1:23pm
AIR BLK	.00	1:24pm
ACCY CHK	.08	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 04/25/2016

Test Record Number: 774
Test Time: 1:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:36pm
FLO	Pass	1:36pm
FC	Pass	1:37pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:37pm
SRC	Pass	1:37pm
DET	Pass	1:37pm
BAR	Pass	1:37pm
BT	Pass	1:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

#### Printer Tests

Test	Status	Tíme
PRNT	Pass	1:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

А	INTOXIMETERS, MODEL INTOX EC/IR II
County	LAMANCE Instrument Location KIRLINGTON PD
Instrument Ser	rial No. DOBBIZ 267 W. FRONT ST. BURLINGTON, A
<del></del>	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 25 day of APRIL , 20/6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	A CAROLLINA CONTRACTOR OF THE CAROLUNA C
ACTIVATION AND ACTIVA	- Sua Donath 637
	Signature of Certifying Official Certificate Number

## ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 04/25/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	1:21pm 1:22pm 1:22pm 1:24pm 1:25pm 1:26pm
AIR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Buo D Smith
Analyst

# ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 04/25/2016

Test Record Number: 2670 Test Time: 1:31pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	1:31pm
FLO	Pass	1:31pm
FC	Pass	1:31pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:31pm
SRC	Pass	1:31pm
DET	Pass	1:31pm
BAR	Pass	1:31pm
BT	Pass	1:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:32pm
	000 m	

#### CRC Tests

Test	Status	Time
COMP	Pass	1:32pm
CAL	Pass	1:32pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\mathbb{Z}^{k,p}$	INTOXIME IE	W2' MODEL IMLOX E	C/IR II	
County	ANSON	Instrument Location ANSO/	v Co. Sherill	3 060
Instrument So	erial No. <u>008597</u>	WADESCORO,	NC	has
	·		1	
The preventive four months a	ve maintenance procedures for the In are:	ntoximeters, Model Intox EC/IR II to	o be followed at leas	st once every
Ι.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic bugree centigrade;	eath simulator ther	mometer shov
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	ars, collect breath sample;		
7.	When "PLEASE BLOW" appea	rs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before expiration ed every four months or after 125 A	n date, or the alcoholcoholic Breath Sim	olic breath ulator tests,
certify that on procedures were Department of I	the <u>20</u> day of <u>9</u> day of 9 day	ted about in accordance in	orgoing preventive native native nations of the	naintenance N.C.
THE STATE OF A	ORTH CAROLIN			4
* LORAL 12. 178 A CALLAN VIDER N	Signatur	e of Certifying Official	37/ Certificate Nu	mhor

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 04/20/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	4:32pm 4:33pm 4:33pm
AIR BLK	.00	4:34pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:39pm

Reported\_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 04/20/2016

Test Record Number: 1437 Test Time: 4:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:40pm
FLO	Pass	4:40pm
FC	Pass	4:40pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:40pm
SRC	Pass	4:40pm
DET	Pass	4:40pm
BAR	Pass	4:40pm
BT	Pass	4:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:41pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:41pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:41pm
CAL	Pass	4:41pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ANSON	Instrument Location AN	GONCO. Shoults Office
Instrumen	nt Serial No. <u>00 8 7</u>	139 WADESBORD	NC
The preve	ntive maintenance procedo hs are:	ures for the Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol 34 degrees, plus or	gas canister displays pressure, or the alcoho minus .2 degree centigrade;	lic breath simulator thermometer show
2.	Verify instrument	displays time and date;	
3.	Initiate breath test	sequence;	
4.	Enter information	as prompted;	
5.	Verify instrument	accuracy;	
6.	When "PLEASE B	LOW" appears, collect breath sample;	
7.	When "PLEASE B	LOW" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic I	Program; and	
10.	Verify that the etha simulator solution i whichever occurs fi	nol gas canister is being changed before exp s being changed every four months or after 1 irst.	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
l certify the procedures Department	were performed on the ins	of ARIL , 20 /6 trument indicated above, in accordance with vices, and the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C.
	*	N.	
JOS THE STA	JE or No.		
OR WA	CARO		
APRIL 12.	TVDEN X	200 10	g genera Com
		(Signature of Certifying Official	Certificate Number

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 04/20/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E

Effective: 08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG	Pass	4:33pm
AIR BLK	.00	4:34pm
ACCY CHK	.07	4:35pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:39pm
AIR BLK	.00	4:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Record Number: 231

Test Date: 04/20/2016 Test Time: 4:42pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:42pm 4:42pm
FC	Pass	4:42pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:42pm
SRC	Pass	4:42pm
DET	Pass	4:42pm
BAR	Pass	4:42pm
BT	Pass	4:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:43pm

#### Printer Tests

Status

Test

Time

	2 2 3 3 3 3 3	
PRNT	Pass	4:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:43pm 4:43pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC	
County /	Wer Instrument Location Banno	er Elh YD
Instrument 5	Serial No. <u>008724</u> <u>Banne</u>	CELK, NC
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	•
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
procedures w	on the	going preventive maintenance t regulations of the N.C.
ON WESTATE OF THE STATE OF THE	CAROLINA CAR	
TESE QUAM VII		649
	Signature of Certifying Official	Certificate Number

#### AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 04/04/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	5:48pm 5:48pm
ACCY CHK	.08	5:49pm
AIR BLK	.00	5:50pm
SUB TEST	.00	5:51pm
AIR BLK	.00	5:51pm
SUB TEST	.00	5:53pm
ATR BLK	.00	5:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724

Test Record Number: 459

Test Date: 04/04/2016

Test Time: 5:55pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:55pm 5:55pm
FC	Pass	5:55pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:55pm
SRC	Pass	5:55pm
DET	Pass	5:55pm
BAR	Pass	5:55pm
BT	Pass	5:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:56pm
	CRC Tests	
		_

Test	Status	Time
COMP	Pass	5:56pm
CAL	Pass	5:56pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Bunco-be Instrument Location Bist Mibile Unit 1
Instrument Se	erial No
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the 29 day of 1901, 2014 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	CHUDON J 150
	Signature of Certifying Official Certificate Number

#### BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008090 Test Date: 04/28/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG	Pass	8:11pm
AIR BLK	.00	8:12pm
ACCY CHK	.08	8:13pm
AIR BLK	.00	8:13pm
SUB TEST	.00	8:14pm
AIR BLK	.00	8:15pm
SUB TEST	.00	8:17pm
AIR BLK	.00	8:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008090

Test Record Number: 83

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:19pm
FLO	Pass	8:19pm
FC	Pass	8:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:20pm
SRC	Pass	8:20pm
DET	Pass	8:20pm
BAR	Pass	8:20pm
BT	Pass	8:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:20pm
	CRC Tests	
Test	Status	Time

COMP	Pass	8:20pm
CAL	Pass	8:20pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Puncombe Instrument Location Bast Mobile Un. 7 11
Instrument	Serial No. <u>60 8970</u>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 26 day of April, 20/4 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
OTH STATE OFFICE OFFI OFFICE OFFI OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFFI	
With the same of t	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

#### BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970 Test Date: 04/28/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX*Driver's License Number: *NONE* 

Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass .00	8:12pm 8:13pm
ACCY CHK	.07	8:13pm
AIR BLK	.00	8:14pm
SUB TEST	.00	8:14pm
AIR BLK	.00	8:15pm
SUB TEST	.00	8:17pm
AIR BLK	.00	8:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970

Test Record Number: 155 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:19pm
FLO	Pass	8:19pm
FC	Pass	8:19pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	8:19pm 8:19pm 8:19pm 8:19pm 8:19pm
_ <del>_</del>	- 400	O.Tabiii

#### Blank Tests

Test	Status	Time
AIR	Pass	8:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:20pm 8:20pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \	reautors.	Instrument Location belva	Jen P.D.
Instrument S	erial No. 10993	8 Belhaven	N.C.
The prevention four months		for the Intoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.		canister displays pressure, or the alcoholic breaus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displ	ays time and date;	
3.	Initiate breath test sequ	ence;	
4.	Enter information as pr	ompted;	
5.	Verify instrument accu	racy;	
6.	When "PLEASE BLOV	V" appears, collect breath sample;	
7.	When "PLEASE BLOV	V" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prog	ram; and	
10.		gas canister is being changed before expiration ing changed every four months or after 125 Al	
	ere performed on the instrum	the forment indicated above, in accordance with curre es, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	& CONTROLLER CAROLINA	Jonely N. Leech	647
		Signature of Certifying Official	Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 04/14/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

rest	g/210L	Time
DIAG	Pass	11:32am
AIR BLK	.00	11:33am
ACCY CHK	.08	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928

Test Record Number: 294

Test Date: 04/14/2016

Test Time: 11:40am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11:40am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
$\mathtt{BT}$	Pass	11:40am

#### Blank Tests

Test	Status	Time	

AIR Pass 11:41am

### Printer Tests

Test	Status	Time

PRNT Pass 11:41am

#### CRC Tests

-		
Test	Status	Time

COMP Pass 11:41am CAL Pass 11:41am

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

-		RS, MODEL INTUX I	
County	Suncombe	Instrument Location 50	reembe Co. Juil
Instrument S	Serial No. <u>00 8798</u>	Ashe	Ville NC
The prevent four months	tive maintenance procedures for the Instance	ntoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic gree centigrade;	breath simulator thermometer show
2.	Verify instrument displays time	e and date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expirated a ster is being changed before expirated as a ster 12.	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that procedures w Department c	on the day of	icaled above, in accordance with c	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
TARE COLORY WITH THE COLORY WITH COLORY WI	S NO INC.		/ 110,
	Signa	ature of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008798 Test Date: 04/01/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2015-05/01/2017

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	2:46pm 2:46pm 2:47pm 2:49pm 2:49pm 2:50pm
AIR BLK	.00	2:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

## BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798
Test Date: 04/01/2016

Test Record Number: 3767 Test Time: 2:55pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	2:55pm
FC	Pass	2:55pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:55pm
SRC	Pass	2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
BT	Pass	2:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:56pm 2:56pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	2UNSWICK Instrument Location BAT MOBILE UNIT		
Instrument Ser	ial No. 008820 LELAND, NC		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
<b>⊴10.</b>	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on procedures were Department of H	the S day of 1771 , 2016 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.		
STATE ON MAY 20, 173	ON H CAROLLE STATE OF THE STATE		
ARRI 12. THE QUAM VIDER I	alu Ra Banes 648		
	Signature of Certifying Official Certificate Number		

### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008826 Test Date: 04/08/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	11:35pm
ACCY CHK	.08	11:36pm 11:37pm
AIR BLK SUB TEST	.00 .00	11:38pm 11:38pm
AIR BLK	.00	11:39pm
SUB TEST	.00	11:41pm
AIR BLK	.00	11:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008826 Test Record Number: 7909
Test Date: 04/08/2016 Test Time: 11:46pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:47pm
FLO	Pass	11:47pm
FC	Pass	11:47pm

#### Temperature Tests

Test	Status	Time
SRC DET BAR	Pass Pass Pass Pass Pass	11:47pm 11:47pm 11:47pm 11:47pm 11:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:47pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:48pm 11:48pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	RUNSWICK Instrument Location PAT	MOBILE () WIT
Instrument Seri	al No. <u>008575</u> <u>LE</u>	LAND, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic b 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirated simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
certify that on to procedures were Department of H	ne day of	forgoing preventive maintenance rent regulations of the N.C.
STATE OF NO.	W CAROUN	
FADE QUAM YDER	Signature of Certifying Official	Certificate Number

## BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008575 Test Date: 04/08/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00 .00 .00	11:29pm 11:30pm 11:31pm 11:32pm 11:32pm 11:35pm
AIR BLK	.00	11:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Rey Barnes
Analyst

## BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008575 Test Record Number: 906 Test Date: 04/08/2016

Test Time: 11:38pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:38pm
FLO	Pass	11:38pm
FC	Pass	11:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:39pm
SRC	Pass	11:39pm
DET	Pass	11:39pm
BAR	Pass	11:39pm
BT	Pass	11:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:39pm

### Printer Tests

Test	Status	Time
PRNT	Pass	11:39pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:39pm
CAL	Pass	11:39pm

Preventive Maintenance Status: Pass

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BRUNTWICK Instrument Location BAT MOBILE UNIT
Instrument	BRUNTWICK Instrument Location BAT MUBILE UNITS  Serial No. 008616 LELAND, NC
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months	s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the Solution day of APPI , 20 10 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

## BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008616 Test Date: 04/08/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	11:06pm 11:07pm 11:08pm 11:09pm
AIR BLK SUB TEST AIR BLK	.00 .00	11:10pm 11:12pm 11:13pm
TATE DATE	.00	$\tau\tau$ : $\tau$ 3 $Dm$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Analysi

### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008616

Test Record Number: 2197
Test Time: 11:25pm EDT

System Check: Passed

### Baseline Tests

Status	Time
Pass	11:26pm
	11:26pm 11:26pm
	_

## Temperature Tests

Test	Status	Time
FC1	Pass	11:26pm
SRC	Pass	11:26pm
DET	Pass	11:26pm
BAR	Pass	11:26pm
BT	Pass	11:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:27pm

## Printer Tests

rest	Status	Time
PRNT	Pass	11:27pm

#### CRC Tests

Test	Status	Time
COMP	Pass	11:27pm
CAL	Pass	11:27pm

Preventive Maintenance Status: Pass

alun Rey Barnes
Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RRUNSWICK	Instrument Location F	BAT MOBILE UNIT
Instrument S	Gerial No. <u>008707</u>		LELAND, NC
The preventi	ve maintenance procedures for the are:	Intoximeters, Model Intox EC/	R II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoh degree centigrade;	olic breath simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		i
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before ex nged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
certify that o procedures we Department of	n the day of	ncalcu above. III accordance wii	the forgoing preventive maintenance h current regulations of the N.C. perly.
STATE OF THE STATE	A CAROLINA		
TOTAL QUAM VIDE	alu Co	Bar	648
	Sign	ature of Certifying Official	Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008707 Test Date: 04/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:03pm 11:04pm 11:05pm
AIR BLK SUB TEST	.00	11:06pm 11:06pm
AIR BLK	.00	11:08pm
SUB TEST AIR BLK	.00	11:09pm 11:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008707 Test Record Number: 2291
Test Date: 04/08/2016 Test Time: 11:11pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:11pm
FLO	Pass	11:11pm
FC	Pass	11:11pm

#### Temperature Tests

ime 🖖 🦠
1:11pm
1:11pm
L:11pm
1:11pm
L:11pm

### Blank Tests

Test	Status	Time
AIR	Pass	11 - 12mm

### Printer Tests

Test	Status	Time
PRNT	Pass	11;12pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:12pm 11:12pm

Preventive Maintenance Status: Pass

Olum Ray Barnes Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_,	PRUMBLICK Instrument Location BAT MUBILE UNITS
Instrument	Serial No. OCEG47 LECAMO, DC
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
. 5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that rocedures w Department of	on the day of
THE STATE OF THE S	Signature of Certifying Official Contigues Number

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008647 Test Date: 04/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:00pm 11:01pm 11:02pm 11:02pm 11:04pm 11:05pm
AIR BLK	.00	11:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ka Barnes
Andlyst

## BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: 008647 Test Date: 04/08/2016

Test Record Number: 2204 Test Time: 11:09pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:09pm
FLO	Pass	11:09pm
FC	Pass	11:09pm

## Temperature Tests

Test	Status	Time
FC1	Pass	11:10pm
SRC	Pass	11:10pm
DET	Pass	11:10pm
BAR	Pass	11:10pm
BT	Pass	11:10pm

## Blank Tests

Test	Status	Time
AIR	Pass	11:10pm

## Printer Tests

Test	Status	Time
PRNT	Pass	11:10pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:10pm 11:10pm

Preventive Maintenance Status: Pass

Olum Rey Barnes
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Serial No. 00897/
Instrument !	Serial No. <u>00897/</u>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 33'day of , 20 /c the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. if Health and Human Services, and the instrument is functioning properly.
O'N' STATE	Signature of Certifying Official Continue No.
	Signature of Certifying Official Certificate Number
A signed origi	nal of the preventive maintenance record shall be kent on file for at least three years

#### CLEVELAND BAT MOBILE UNIT 7 220

Serial Number: 008971 Test Date: 04/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303

Exp Date: 10/10/2016

Test	g/210L	Time
DIAG	Pass	a:06p

DIAG	Pass	8:06pm
AIR BLK	.00	8:07pm
ACCY CHK	.08	8:07pm
AIR BLK	.00	8:08pm
SUB TEST	.00	8:09pm
AIR BLK	.00	8:10pm
SUB TEST	.00	8:11pm
ATD DIE	0.0	0 1 24

AIR BLK

Reported Ag

Signature of Chemical nalyst

Court CXR

Analyst

This form is used when performing Preventive Maintenance procedures Forensic Tests for Aleohol Branch **Department of Health and Human Services** 

Rev. 12/2007

## CLEVELAND BAT MOBILE UNIT 7 220

Serial Number: 008971 Test Record Number: 104 Test Date: 04/23/2016 Test Time: 8:14pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:14pm
FLO	Pass	8:14pm
FC	Pass	8:14pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:14pm
SRC	Pass	8:14pm
DET	Pass	8:14pm
BAR	Pass	8:14pm
BT	Pass	8:14pm

## Blank Tests

Test	Status	Time
AIR	Pass	8:15pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:15pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:15pm
CAL	Pass	8:15pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C/	ay	Instrument Location C/	ay Co. Jail
Instrument Seri	al No. <u>008608</u>	Hayesville, N	<u>'</u> C
The preventive four months are	•	Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		ic breath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>d</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	•
10.			ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that on procedures were Department of H	the day of day of least on the instrument included Human Services, and	dicated above, in accordance with the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. perly.
THE STATE OF NO. 1772 OF NO. 1		R. Carthannature of Certifying Official	Certificate Number

### CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 04/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	11:56am
AIR BLK	.00	11:57am
ACCY CHK	.08	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 04/06/2016

Test Record Number: 1102 Test Time: 12:03pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:04pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:04pm
SRC	Pass	12:04pm
DET	Pass	12:04pm
BAR	Pass	12:04pm
BT	Pass	12:04pm

#### Blank Tests

rest	Status	rime
ATD	Dogg	77.04.00

### Printer Tests

TESL	Status	Time
12		
PRNT	Pass	12:04pm

## CRC Tests

rest	Status	Time
COMP	Pass	12:05pm
CAL	Pass	12:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

•	INTOXIMETERS, MODEL INTOX EC/IR II
County	COLUMBUS Instrument Location BAT MOBILE ONIT
Instrument S	Serial No. 008707 TABOR CITY N
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on the day of
STA	
FISE QUAN	Munity Documents
	Signature of Certifying Official Certificate Number

#### COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: 008707 Test Date: 04/02/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:01pm 10:02pm
ACCY CHK	.08	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	• 0 0	10:04pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:07pm
AIR BLK	.00	10:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olum Rey Barnes
Analyst

## COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: 008707

Test Record Number: 2288

Test Date: 04/02/2016

Test Time: 10:11pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:12pm
FLO	Pass	10:12pm
FC	Pass	10:12pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:12pm
SRC	Pass	10:12pm
DET	Pass	10:12pm
BAR	Pass	10:12pm
$\mathtt{B}\mathbf{T}$	Pass	10:12pm

#### Blank Tests

Test	Status	Time
ATR	Pass	10:13pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:13pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:13pm
CAL	Pass	10:13pm

Preventive Maintenance Status: Pass

alun Ra Barnes
Analysi

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(	CUMBERLAND Instrument Location BAT MUBILE UNIT
Instrument S	Serial No. 008826 FAJETIEVILLE, NO
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposed ures we Department o	on the
OF THE STATE	



Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 9 250

> Serial Number: 008826 Test Date: 04/30/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	10:33pm 10:34pm
ACCY CHK AIR BLK	.07 .00	10:35pm 10:36pm
SUB TEST	.00	10:36pm
AIR BLK	.00	10:37pm
SUB TEST	.00	10:38pm
AIR BLK	.00	10:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY BAT MOBILE UNIT 9 250

Serial Number: 008826 Test Record Number: 7916 Test Date: 04/30/2016 Test Time: 10:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:41pm
FLO	Pass	10:41pm
FC	Pass	10:41pm

### Temperature Tests

FC1 Pass 10:41p
SRC Pass 10:41p
DET Pass 10:41p
BAR Pass 10:41p
BT Pass 10:41pt

#### Blank Tests

rest	Status	TIME
AIR	Pass	10:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:42pm 10:42pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	O THE STATE OF THE
County(	CUMBERLAND Instrument Location BAT MOBICE UNIT
Instrument S	Serial No. 008616 FAYETTEVILLE, DC
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that or procedures we Department of	n the
OT ME STATE OF	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 9
250

Serial Number: 008616 Test Date: 04/30/2016

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	9:54pm 9:55pm 9:55pm 9:56pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CUMBERLAND COUNTY BAT MOBILE UNIT 9 250

Serial Number: 008616

Test Record Number: 2204 

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:13pm
FLO	Pass	10:13pm
FC	Pass	10:13pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:13pm
SRC	Pass	10:13pm
DET	Pass	10:13pm
BAR	Pass	10:13pm
BT	Pass	10:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:14pm

Preventive Maintenance Status: Pass

Pass

10:14pm

CAL

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	A COMMETERS, MODEL INTOX EC/IX II
County(	UMBERLAND Instrument Location BAT MOBILE UNIT
Instrument Se	erial No. 008575 FAYETTEVILLE, NC
771 A'	
four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures were Department of	n the
STATE OF STA	A CAROLLA CO
* FOR QUAN VIDEN	Olu R 3 648
	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY BAT MOBILE UNIT 9 250

> Serial Number: 008575 Test Date: 04/30/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:55pm
AIR BLK	.00	9:56pm
ACCY CHK	.07	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

## CUMBERLAND COUNTY BAT MOBILE UNIT 9 250

Serial Number: 008575 Test Date: 04/30/2016

Test Record Number: 914
Test Time: 10:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:04pm
FLO	Pass	10:04pm
FC	Pass	10:04pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:04pm 10:04pm 10:04pm 10:04pm 10:04pm
		- L

### Blank Tests

Test	Status	Time
AIR	Pass	10:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:05pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

10:05pm

10:05pm

COMP

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	UMBERCAND Instrument Location Combergano Co. Det. C
Instrument Se	rial No. 008/029 Fayetteville, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
OF THE STATE OF TH	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008629 Test Date: 04/18/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607602 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	8:22pm
AIR BLK	.00	8:22pm
ACCY CHK	.07	8:23pm
AIR BLK	.00	8:24pm
SUB TEST	.00	8:25pm
AIR BLK	.00	8:25pm
SUB TEST	.00	8:27pm
ATR BLK	.00	8:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

analyst Care

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008629 Test Record Number: 298
Test Date: 04/18/2016 Test Time: 8:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:29pm
FLO	Pass	8:29pm
FC	Pass	8:29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:29pm
SRC	Pass	8:29pm
$\mathtt{DET}$	Pass	8:29pm
BAR	Pass	8:29pm
$\mathtt{BT}$	Pass	8:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:30pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

w. ·	A STATISTICAL INTOX EC/IR II
County	UMRERIAND Instrument Location Compercians Co Det Co
Instrument S	Serial No. 008632 Fayetteville, NC
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
CREAT STATE OF A STATE	TO THE CASE OF THE
Within the same	- Call Junell J.
	Signature of Certifying Official Certificate Number

## CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 04/18/2016

Test Record Number: 3547
Test Time: 6:54pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:55pm
FLO	Pass	6:55pm
FC	Pass	6:55pm

### Temperature Tests

Test	Status	Time
FC1	Pass	6:55pm
SRC	Pass	6:55pm
DET	Pass	6:55pm
BAR	Pass	6:55pm
$\mathtt{BT}$	Pass	6:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:55pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	6:56pm 6:56pm

Preventive Maintenance Status: Pass

Canalyst Canalyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CUMCERIAND Instrument Location Cumber LAND Co. Det.	CENTER
Instrumer	ent Serial No. <u>W8633</u> Fayotaville, NC	
The preve	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least on	ice every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermon 34 degrees, plus or minus .2 degree centigrade;	neter show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator very first.	
	hat on the <u>/8</u> day of <u>////</u> , 20 <u>////</u> the forgoing preventive mater where performed on the instrument indicated above, in accordance with current regulations of the Newt of Health and Human Services, and the instrument is functioning properly.	intenance I.C.
THE COLUMN COLUM	Signature of Certifying Official  Certificate Num	nber

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 04/18/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	5:58pm
AIR BLK	.00	5:59pm
ACCY CHK	.07	5:59pm
AIR BLK	.00	6:01pm
SUB TEST	.00	6:02pm
AIR BLK	.00	6:02pm
SUB TEST	.00	6:04pm
AIR BLK	.00	6:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633

Test Record Number: 3846

Test Date: 04/18/2016

Test Time: 6:07pm EDT

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:08pm
FLO	Pass	6:08pm
FC	Pass	6:08pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:08pm
SRC	Pass	6:08pm
DET	Pass	6:08pm
BAR	Pass	0:00pm
BT	Pass	mq80:0

#### Blank Tests

Test	Status	Time
AIR	Pass	6:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:09pm

#### CRC Tests

Test	Status	Time
COMP	Pass	6:09pm
CAL	Pass	6:09pm

Preventive Maintenance Status: Pass

H/ Lusell

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Compenians Co. DET. CENT.
Instrument S	Berial No. On 8672 FAYETTEVILLE NC
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	STORE STATE OF THE
	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 04/18/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607502 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	6:24pm 6:25pm 6:26pm 6:27pm <b>6:28pm</b> 6:29pm
SUB TEST	.00	6:30pm
AIR BLK	.00	6:31pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 04/18/2016

Test Record Number: 4991
Test Time: 6:33pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:33pm
FLO	Pass	6:33pm
FC	Pass	6:33pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	6:33pm 6:33pm
DET	Pass	6:33pm
BAR	Pass	6:33pm
BT	Pass	6:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:34pm 6:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 🗸 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1 Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the 💢 procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 04/25/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	3:39pm 3:40pm
ACCY CHK AIR BLK	.07	3:41pm 3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 2277

Test Date: 04/25/2016 Test Time: 3:47pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	3:48pm
EC.	Pass Pass	3:48pm 3:48pm
r C	rass	2:40bm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:48pm
SRC	Pass	3:48pm
DET	Pass	3:48pm
BAR	Pass	3:48pm
BT	Pass	3:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:49pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:49pm
CAL	Pass	3:49pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County DA	VIDSON Instrument Location Lexingrow
Instrument Se	orial No. 008883 Police Department
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or procedures we Department o	on the 25 day of 121, 20/6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TABLE STATE  APRIL 12. 1973  APRIL 12. 1974  A	Signature of Certifying Official Certificate Number

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 04/25/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	3:02pm
AIR BLK	.00	3:03pm
ACCY CHK	.08	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 1591

Test Date: 04/25/2016 Test Time: 3:11pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:11pm
FLO	Pass	3:11pm
FC	Pass	3:11pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:12pm
	CRC Tests	
Test	Status	Time

Pass CAL Pass 3:12pm

3:12pm

Preventive Maintenance Status: Pass

COMP

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Sealth and comment hand was dealer.	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location / hom As VII/e
Instrument Se	rial No. 008872 Police Department
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
<b>1.</b>	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7</b> .	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
THE STATE OF THE S	/Signature of Certifying Official Certificate Number

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 04/25/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	2:08pm
AIR BLK	.00	2:09pm
ACCY CHK	.07	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:14pm
ATR BLK	. 00	2:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

A Lundesa Analyst

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872

Test Record Number: 1258

Test Date: 04/25/2016

Test Time: 2:15pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:15pm
FLO	Pass	2:15pm
FC	Pass	2:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
${f BT}$	Pass	2:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:16pm
CAL	Pass	2:16pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Duz-tan Instru	ment Location BAT WOBILE CONTENT
Instrument !	t Serial No. <u>658776</u>	Dungan
The prevent four months	ntive maintenance procedures for the Intoximeter	s, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays p 34 degrees, plus or minus .2 degree centi	ressure, or the alcoholic breath simulator thermometer shows grade;
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collec	breath sample;
7.	When "PLEASE BLOW" appears, collec	breath sample;
· · 8.	Print test record;	
9.	Verify Diagnostic Program; and	·
10.	Verify that the ethanol gas canister is being simulator solution is being changed every whichever occurs first.	g changed before expiration date, or the alcoholic breath four months or after 125 Alcoholic Breath Simulator tests,
certify that corocedures we Department of	on theday of	, 20 / the forgoing preventive maintenance e, in accordance with current regulations of the N.C. nt is functioning properly.
THE STATE OF THE S	E ON NORTH CAROLLE CONTROLLE CONTROL	5110 m. 1 636
	Signature of Cer	ifying Official Certificate Number

### DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008776

Test Record Number: 3296 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:46pm
FLO	Pass	9:46pm
FC	Pass	9:46pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	9:47pm 9:47pm 9:47pm 9:47pm
БΙ	Pass	9:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:47pm

Preventive Maintenance Status: Pass

Pass

9:47pm

CAL

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008776 Test Date: 04/23/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:38pm
AIR BLK	.00	9:39pm
ACCY CHK	.08	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Durition BAT MOBILE Co.T
Instrumen	t Serial No. 008637 Dr. 244m
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
, · · · <b>1.</b>	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify tha procedures Department	t on the
STAN STAN 20, TAN 20,	

#### DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008637

Test Record Number: 2854

Test Date: 04/23/2016

Test Time: 9:20pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:20pm
FLO	Pass	9:20pm
FC	Pass	9:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:20pm
SRC	Pass	9:20pm
DET	Pass	9:20pm
BAR	Pass	9:20pm
BT	Pass	9:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:21pm
CAL	Pass	9:21pm

Preventive Maintenance Status: Pass

#### DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008637 Test Date: 04/23/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	9:11pm 9:12pm
ACCY CHK AIR BLK	.08 .00	9:13pm 9:14pm
SUB TEST	.00	9:14pm
AIR BLK	.00	9:15pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst O-1115 Par

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Duration But Modele Cis. 7 #10
Instrument S	erial No
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
· 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE OF THE PARTY OF THE P	Signature of Certifying Official Certificate Number

#### DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008686

Test Record Number: 6371

Test Date: 04/23/2016

Test Time: 10:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:13pm
FLO	Pass	10:13pm
FC	Pass	10:13pm

#### Temperature Tests

Status	Time
Pass	10:13pm
	Pass Pass Pass Pass

#### Blank Tests

rest	Status	TIME
AIR	Pass	10:14pm

mi mo

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:14pm 10:14pm

Preventive Maintenance Status: Pass

#### DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008686 Test Date: 04/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	10:00pm 10:01pm
ACCY CHK AIR BLK	.07 .00	10:01pm 10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:05pm
AIR BLK	.00	10:06pm

Reported AC: .00 g/210L

Signature of Chemical Aralyst

Court CVR

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DU-Pett San	Instrument Location EM MOBILE Con
Instrument	Serial No. 00 85 84	PLEA HAM
The prevent four months	tive maintenance procedures for the In	ntoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer show
2.	Verify instrument displays time	e and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appe	ears, collect breath sample;
7.	When "PLEASE BLOW" appe	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	I
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ster is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
certify that orocedures w Department o	on theday of vere performed on the instrument indic of Health and Human Services, and th	cated above, in accordance with current regulations of the N C
A SEE GLAM WE		ture of Certifying Official Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008584 Test Record Number: 2096 Test Date: 04/23/2016 Test Time: 9:42pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:43pm
FLO	Pass	9:43pm
FC	Pass	9:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:43pm
SRC	Pass	9:43pm
DET	Pass	9:43pm
BAR	Pass	9:43pm
BT	Pass	9:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:44pm
$\mathtt{CAL}$	Pass	9:44pm

Preventive Maintenance Status: Pass

Sept Moral
Analyst

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008584

Test Date: 04/23/2016 Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:27pm
AIR BLK	.00	9:28pm
ACCY CHK	.08	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:32pm
AIR BLK	- 00	9 • 3 3 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Dus Han Instrumen	t Location Bat 40	polite lange the 16
Instrument S	at Serial No. <u>(00 6582</u>	Dergroffs	fer i
The preventi	ntive maintenance procedures for the Intoximeters, M	fodel Intox EC/IR II to be	e followed at least once every
. 1.	Verify the ethanol gas canister displays pressi 34 degrees, plus or minus .2 degree centigrad		th simulator thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect broaders	eath sample;	
7.	When "PLEASE BLOW" appears, collect broaders	eath sample;	
8.	Print test record;		
9	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed every four whichever occurs first.		
	at on theday of	n accordance with curren	going preventive maintenance t regulations of the N.C.
STATE OF THE STATE	ATE OF NORTH	~	
SSE QUAM VI	Signature of Certify	ving Official	Certificate Number

#### DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008580 Test Record Number: 2267
Test Date: 04/23/2016 Test Time: 10:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:11pm
FLO	Pass	10:11pm
FC	Pass	10:11pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:11pm
SRC	Pass	10:11pm
DET	Pass	10:11pm
BAR	Pass	10:11pm
BT	Pass	10:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:12pm

#### Printer Tests

Status

Time

10:12pm

Test

CAL

PRNT	Pass	10:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:12pm

Preventive Maintenance Status: Pass

Pass

Analyst

#### DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: 008580 Test Date: 04/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	9:57pm 9:58pm
ACCY CHK	.00	9:58pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:03pm
ATR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

****	INTOXIMETERS, MODEL INTOX EC/IK II
County Da	Instrument Location Kill Devil Hills P.D.
Instrument Seri	al No. OD8851 102 Town Hall Dr. Kill Dovil
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of F	the
THE STATE OF A STATE O	1642
	Signature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008851 Test Date: 04/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	11:45am 11:46am
ACCY CHK	.08	11:46am
AIR BLK	.00	11:48am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008851 Test Record Number: 552
Test Date: 04/08/2016 Test Time: 11:53am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:53am 11:53am
FC.	Pass	11:53am
rC	rapa	TT . J J CAIII

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:53am
SRC	Pass	11:53am
DET	Pass	11:53am
BAR	Pass	11:53am
BT	Pass	11:53am

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:54am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:54am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:54am

Preventive Maintenance Status: Pass

Pass

11:54am

CAL

Analyst/

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DARE	Instrument Location	BAT	Mobile	= Unit
Instrument S	erial No. <u>COS 774</u>		Kin	DEVIL	HILLS, OL
The preventi	ve maintenance procedures are:	for the Intoximeters, Model Into:	x EC/IR II to b	e followed at I	east once every
1.	Verify the ethanol gas 34 degrees, plus or min	canister displays pressure, or the us.2 degree centigrade;	alcoholic brea	th simulator th	ermometer shows
2.	Verify instrument displ	ays time and date;			*
3.	Initiate breath test sequ	ence;			
4.	Enter information as pr	ompted;			•
5.	Verify instrument accur	racy;			
6.	When "PLEASE BLOW	V" appears, collect breath sampl	e;		
7.	When "PLEASE BLOV	V" appears, collect breath sampl	е;		1
8.	Print test record;				
9.	Verify Diagnostic Progr	am; and			
10.	Verify that the ethanol g simulator solution is bei whichever occurs first.	as canister is being changed befing changed every four months o	ore expiration r after 125 Alc	date, or the alc oholic Breath	oholic breath Simulator tests,
I certify that o procedures we Department of	ere performed on the instrum	ent indicated above, in accordants, and the instrument is functioning	ice with curren	going preventi t regulations o	ve maintenance f the N.C.
STATE OF THE STATE	A CONTRACTOR OF THE PARTY OF TH				·
ESTE QUAM VIDE		uk/Ben	<b>5</b>	60	18
٠.		Signatúre of Certifying Officia	al	Certificat	te Number

#### DARE COUNTY BAT MOBILE UNIT 10 270

Serial Number: 008776 Test Date: 04/21/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:50pm 10:51pm 10:51pm 10:52pm 10:52pm 10:53pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:55pm
21111 2211		10.50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY BAT MOBILE UNIT 10 270

Serial Number: 008776 Test Record Number: 3293 Test Date: 04/21/2016 Test Time: 10:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:58pm 10:58pm
FC	Pass	10:58pm

#### Temperature Tests

Test	Status	Time		
FC1	Pass	10:58pm		
SRC	Pass	10:58pm		
DET	Pass	10:58pm		
BAR	Pass	10:58pm		
BT	Pass	10:58pm		

#### Blank Tests

Test	Status	Time
AIR	Pass	10:59pm

#### Printer Tests

Test	Status	Time		
PRNT	Pass	10:59pm		
	CRC Tests			
Test	Status	Time		
COMP CAL	Pass Pass	10:59pm 10:59pm		

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DARE		Instrument Location	BAT A	LOBILE	UNIT!
Instrument	Serial No. <u>C</u>	08779		Knej	LOBILE DEVIL H	1665, N
The prevent		e procedures for the	Intoximeters, Model Int	ox EC/IR II to be f	followed at leas	t once every
1.		e ethanol gas caniste es, plus or minus .2 d	r displays pressure, or the gree centigrade;	ne alcoholic breath	simulator therr	nometer shows
2.	Verify in	strument displays tin	ne and date;			
3.	Initiate b	reath test sequence;				
4.	Enter info	ormation as prompted	1;			
5.	Verify in	strument accuracy;				
6.	When "P	LEASE BLOW" app	pears, collect breath sam	ple;		
7.	When "P	LEASE BLOW" app	ears, collect breath sam	ple;		
8.	Print test	record;				
9.	Verify D	iagnostic Program; at	ıd			,
10.	simulator	at the ethanol gas car solution is being char occurs first.	nister is being changed b nnged every four months	efore expiration da s or after 125 Alco	ate, or the alcoh holic Breath Si	olic breath mulator tests,
I certify that procedures Department	t on the were performed of Health and I	day of A day	dicated above, in accord the instrument is function	to ) (c) the forgulance with current oning properly.	oing preventive regulations of t	maintenance he N.C.
SECTION AND ASSESSED TO SECTION ASSESSED TO SE	HE OF NOTHING AROUND THE PROPERTY OF THE PROPE	4,10	nature of Certifying Off	icial	Certificate	<u></u>

DARE COUNTY BAT MOBILE UNIT 10 270

Serial Number: 008779 Test Date: 04/21/2016

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:50pm 11:51pm 11:51pm 11:52pm
SUB TEST	.00	11:53pm
AIR BLK	.00	11:54pm
SUB TEST	.00	11:55pm
AIR BLK	.00	11:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY BAT MOBILE UNIT 10 270

Serial Number: 008779 Test Record Number: 3412 Test Date: 04/21/2016 Test Time: 11:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:57pm
FLO	Pass	11:57pm
FC	Pass	11:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:57pm
SRC	Pass	11:57pm
DET	Pass	11:57pm
BAR	Pass	11:57pm
BT	Pass	11:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:58pm

11:58pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst



	INTOXIMETE	KS, MODEL INTOX EC/L	KII
_County	Dare	Instrument Location	Detention (
Instrument Ser	rial No. <u>() () () () () () () () () () () () () (</u>	1044 Driftwood 7	Dr. Mentra
The preventive four months ar	e maintenance procedures for the In	ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before expiration daged every four months or after 125 Alcol	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that on procedures were Department of I	e performed on the instrument indi-	, 20 / 6 the forgo cated above, in accordance with current re instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Control of the contro		
QUAN VIDE	Kell		643
	Signal	ure of Certifying Official	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 04/25/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E

mit Number: 12955E Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	11:08am
AIR BLK	.00	11:09am
ACCY CHK	.07	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:14am
ATR BLK	. 00	11:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783

Test Record Number: 595

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:17am
FLO	Pass	11:17am
FC	Pass	11:17am

### Temperature Tests

FC1       Pass       11:17a         SRC       Pass       11:17a         DET       Pass       11:17a         BAR       Pass       11:17a         BT       Pass       11:17a	m m m

### Blank Tests

Test	Status	Time
AIR	Pass	11:17am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:18am

#### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	11:18am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOXICATION
County DQ V	Instrument Location Dave Co. Detention (+
Instrument Ser	ial No. 008804 1044 Driftwood Dr., Montro,
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the 25 day of 10/1 ,20/6 the forgoing preventive maintenance pre performed on the instrument indicated above, in accordance with current regulations of the N.C. If Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Relative of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 04/25/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534802

Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	10:55am 10:56am 10:56am 10:57am <b>10:58am</b> 10:59am
AIR BLK	.00	11:00am 11:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

· 网络大约......

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804

Test Record Number: 1669

Test Date: 04/25/2016

Test Time: 11:03am EDT

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:03am
FC	Pass	11:03am

#### Temperature Tests

Status	Time
Pass	11:03am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time

AIR Pass 11:04am

#### Printer Tests

Test	Status	Time
ספאידי	Dagg	11.04am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:04am
CAL	Pass	11:04am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location County The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

#### DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 04/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	5:47pm 5:48pm
ACCY CHK	.08	5:40pm
AIR BLK	.00	5:50pm
SUB TEST	.00	5:51pm
AIR BLK	.00	5:52pm
SUB TEST	.00	5:53pm
AIR BLK	.00	5:55pm

Reported AC: \_\_.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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### DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807

Test Record Number: 729

Test Date: 04/26/2016 Test Time: 5:56pm EDT

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:56pm
FLO	Pass	5:56pm
FC	Pass	5:56pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:56pm 5:56pm
DET	Pass	5:56pm
BAR	Pass	5:56pm
BT	Pass	5:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:57pm

#### CRC Tests

Test	Status	Time
COMP	Pass	5:57pm
CAL	Pass	5:57pm

Preventive Maintenance Status: Pass

s luce

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<i>د</i> .	TOTAL CONTROL OF THE PROPERTY	
County (	decombe Instrument Location Edge combe Co. Magi	strates
Instrument S	Gerial No. 008603 Office, 300 S. Anaronda Rd., 7	Zboro, N.C.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	-
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	/ <b>S</b>
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	- -
5.	Verify instrument accuracy;	•
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	•
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	- - -
I certify that opposed we be common to the c	on the	=
STATE STATE OF THE	A CAROL	
ARIL 12, 173	Signature of Certifying Official Certificate Number	

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

> Serial Number: 008603 Test Date: 04/15/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:08am 11:09am 11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:13am
ATR BLK	0.0	11 · 14 am

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

#### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 1511 Test Date: 04/15/2016 Test Time: 11:16am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:17am 11:17am
FC	Pass	11:17am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:17am
SRC	Pass	11:17am
DET	Pass	11:17am
BAR	Pass	11:17am
BT	Pass	11:17am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:17am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:18am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:18am
CAL	Pass	11:18am

Preventive Maintenance Status: Pass

Analver"

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ed	cerombe Instrument Location Edgerombe Co. Magistrate
	rial No. 008663 Office, 300 S. Anaronda Rd., Tour
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

## EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 04/15/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	10:55am 10:55am
ACCY CHK	.07	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 04/15/2016

Test Record Number: 2511 Test Time: 11:02am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:02am
FLO	Pass	11:02am
FC	Pass	11:03am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
BT	Pass	11:03am

#### Blank Tests

rest	Status	Time
AIR	Pass	11:03am

#### Printer Tests

Test	Status	Time
PRNT	Pass	<b>1</b> 1:03am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:04am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	-vaham	_ Instrument Location _ C r	
	erial No. <u>C/C/8915</u>	_	•
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the alcoholic egree centigrade;	breath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	· •	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;	• •	
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before expirat nged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
certify that or procedures we Department of	n the day of ore performed on the instrument ind Health and Human Services, and the	or, , 20 // the icated above, in accordance with cur he instrument is functioning properly	forgoing preventive maintenance rrent regulations of the N.C.
THE STATE OF THE OWN TO THE OWN T	S AROUND TO THE REAL PROPERTY OF THE PROPERTY		·
<del></del>	Signa	ature of Certifying Official	Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 04/05/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTANANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	10:50am 10:51am
ACCY CHK	.08	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915

Test Record Number: 667

Test Date: 04/05/2016

Test Time: 10:58am

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:59am 10:59am
FC	Pass	10:59am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

#### Blank Tests

Test	Status	Time	

AIR Pass 11:00am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:00am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\wedge$	INTUALMETERS, MODEL INTOX EC/IR II
County	instrument Location Bat Mobile. In
Instrument Seri	al No 008736 Guilford Co SO
· .	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
<b>8.</b>	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he
OTHE STATE OF ALL OF AL	Signature of Certifying Official Certificate Number

#### GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008736 Test Date: 04/30/2016

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:04am 12:05am 12:06am 12:06am
SUB TEST	.00	12:07am
AIR BLK SUB TEST	.00	12:08am <b>12:09am</b>
AIR BLK	.00	12:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008736

Test Record Number: 823

Test Date: 04/30/2016

Test Time: 12:15am EDT

### System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:16am
FLO	Pass	12:16am
FC	Pass	12:16am

### Temperature Tests

Test	Status	Time
FC1	Pass	12:16am
SRC	Pass	12:16am
DET	Pass	12:16am
BAR	Pass	12:16am
$\mathtt{BT}$	Pass	12:16am

#### Blank Tests

AIR Pass 12:17am

#### Printer Tests

Test	Status	Time
		A
PRNT	Pass	12:17am

### CRC Tests

Test	Status	Time
COMP	Pass	12:17am
CAL	Pass	12:17am

Preventive Maintenance Status: Pass

DB KANANA Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	wilford County Instrument Location BAT Mobile Unit 8
Instrument S	erial No. <u>008615</u> <u>Ovilford So</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	the
OTHE STATE OF THE	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Date: 04/30/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	12:04am 12:05am
ACCY CHK AIR BLK	.07 .00	12:05am 12:06am
SUB TEST	.00	12:07am
AIR BLK	.00	12:07am
SUB TEST	.00	12:09am
AIR BLK	.00	12:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Date: 04/30/2016 Test Record Number: 5379
Test Time: 12:13am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:13am
FLO	Pass	12:13am
FC	Pass	12:13am

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:13am
SRC	Pass	12:13am
DET	Pass	12:13am
BAR	Pass	12:13am
BT	Pass	12:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	12:14am

#### Printer Tests

Test

CAL

PRNT	Pass	12:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:14am

Status

Time

12:14am

Preventive Maintenance Status: Pass

Pass

2 2 7

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

**∠Analys**t

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 2	:1Ford County	•		UNET 8
Instrument S	ilford County  Gerial No. 008816	Gv:1Ford	50	
The prevent	ive maintenance procedures for the Int	oximeters Model Intox I	C/IR II to be followed at l	least once every
four months	<del>-</del>	Samotolis, Model moa		dasi ondo ovory
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		coholic breath simulator th	nermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	·	Į.	
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	urs, collect breath sample;		
7.	When "PLEASE BLOW" appea	urs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
I certify that procedures v Department	on theday ofday of	ateu above, ili accordanc	the forgoing prevente with current regulations of groperly.	tive maintenance of the N.C.
THE STATE OF THE S			66	60
	Signa	ture of Certifying Officia	ı Certific	ate Number

#### GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008816 Test Date: 04/30/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, JASON R
Permit Number: 19145E
Effective:
03/01/2016-03/01/2018

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	12:04am 12:04am 12:05am 12:06am 12:06am 12:07am 12:09am 12:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance

### GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008816

Test Record Number: 7213

Test Date: 04/30/2016

Test Time: 12:11am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:12am
FLO	Pass	12:12am
FC	Pass	12:12am

#### Temperature Tests

Test.	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:12am 12:12am 12:12am 12:12am 12:12am

#### Blank Tests

Test	Status	Time
AIR	Pass	12:12am

#### Printer Tests

rest	Status	Time
	4	
PRNT	Pass	12:13am

#### CRC Tests

Test	Status	Time
COMP	Pass	12:13am
CAL	Pass	12:13am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

بياده م	INTOXIMETERS, MODEL INTOX EC/IR II
Count	instrument Location Bat Mobile Unit
Instrument Seria	11 NO (20860) Guilford CO SO
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he day of day of 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE ON STATE ON STATE OF STA	SCALE OF THE PARTY
A FEE CHAM VIDEN X	Signature of Certifying Official Certificate Number
	Digitative of Countying Official Confidence Natificial

A signed original of the preventive maintenance record shall be kept on file for at least three years.

#### GUILFORD COUNTY BATMOBILE UNIT 8 400

Serial Number: 008601 Test Date: 04/30/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	12:18am 12:18am
ACCY CHK	.08	12:19am
AIR BLK	.00	12:20am
SUB TEST	.00	12:21am
AIR BLK	.00	12:21am
SUB TEST	.00	12:23am
ATR BLK	. 00	12:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GUILFORD COUNTY BATMOBILE UNIT 8 400

Serial Number: 008601 Test Date: 04/30/2016

Test Record Number: 1169
Test Time: 12:26am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:27am
FLO	Pass	12:27am
FC	Pass	12:27am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:27am 12:27am 12:27am 12:27am
BT	Pass	12:27am

#### Blank Tests

Test	Status	Time
AIR	Pass	12:27am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:27am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:27am 12:27am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County (2)	ilFord County Instrument Location BAT Mobile Unit 8
Instrument Seri	al No. 008929 Guilford Lo SO
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
. 5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	theday of, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF NAME OF NAME OF A STATE OF A S	
	Signature of Certifying Official Certificate Number

#### GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008929 Test Date: 04/30/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, JASON R
Permit Number: 19145E
Effective:
03/01/2016-03/01/2018

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	12:40am 12:41am 12:42am 12:43am 12:43am 12:46am 12:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

### GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008929

Test Record Number: 965

Test Date: 04/30/2016

Test Time: 12:57am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:58am 12:58am
FC	Pass	12:58am

### Temperature Tests

Test	Status	Time
FC1	Pass	12:58am
SRC	Pass	12:58am
DET	Pass	12:58am
BAR	Pass	12:58am
BT	Pass	12:58am

#### Blank Tests

Test	Status	Time
AIR	Pass	12:59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:59am
	CRC Tests	
Test	Status	Time

COMP	Pass	12:59am
CAL	Pass	12:59am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Contract of the Contract of th	INTOXIMETERS, MODEL INTOX EC/IR II
County County	uiltord Instrument Location High Point JAil
Instrument Ser	ial No. 008655
: - 12.	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
· 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
nocedates were	he 35 day of 1072, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. tealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official  Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 04/25/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
05/01/2015-05/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2017

Test ,	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	12:03pm 12:03pm 12:04pm 12:06pm 12:06pm 12:07pm 12:09pm
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 04/25/2016

Test Record Number: 2923 Test Time: 12:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:10pm
FLO	Pass	12:10pm
FC	Pass	12:10pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:11pm
SRC	Pass	12:11pm
DET	Pass	12:11pm
BAR	Pass	12:11pm
BT	Pass	12:11pm

#### Blank Tests

Test	Status	Time
	p	
AIR	Pass	12:11pm

### Printer Tests

Test	Status	Time	e)
PRNT	Pass	12:11pm	

#### CRC Tests

Test	Status	Time
COMP	Pass	12:11pm
CAL	Pass	12:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the day of procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 04/25/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: DEAN, L K Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHI AIR BLK SUB TEST AIR BLK SUB TEST	.00 <b>r .00</b> .00	11:25am 11:25am 11:26am 11:27am 11:28am 11:29am
AIR BLK	.00	11:31am

Reported AC:  $.00_g/210L$ 

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 04/25/2016 Test Record Number: 2048
Test Time: 11:32am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:32am
FLO	Pass	11:32am
FC	Pass	11:32am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:32am
SRC	Pass	11:32am
DET	Pass	11:32am
BAR	Pass	11:32am
BT	Pass	11:32am

#### Blank Tests

Test	Status	Time .
AIR	Pass	11:33am

#### Printer Tests

Test

PRNT	Pass	11:33am
	CRC Tests	
Test	Status	Time

Status

Time

2.700	Deacas	1.11110
COMP	Pass	11:33am
CAL	Pass	11:33am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Cause Si	INTOXIMETERS, MODEL INTOX EC/IR II
Instrument Ser	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 22 day of 1, 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 04/22/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:28am 11:29am 11:30am 11:31am
SUB TEST	.00	11:32am
AIR BLK SUB TEST	.00 .00	11:32am 11:34am
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Seon

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 5523
Test Date: 04/22/2016 Test Time: 11:35am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:36am
FLO	Pass	11:36am
FC	Pass	11:36am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:36am
SRC	Pass	11:36am
DET	Pass	11:36am
BAR	Pass	11:36am
BT	Pass	11:36am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:36am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:36am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:37am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Instrument Location Green bord JAil
Instrument Se	erial No. <u>00 8638</u>
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the 20 day of 40 i, 20 16 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTH STATE OF THE S	Signature of Certifying Official  Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 04/22/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:59am 11:00am 11:00am 11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 2360 Test Date: 04/22/2016 Test Time: 11:06am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:06am
FLO	Pass	11:06am
FC	Pass	11:06am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:06am 11:06am 11:06am 11:06am 11:06am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:07am

#### Printer Tests

Test

	00000	1 41110
PRNT	Pass	11:07am
	CRC Tests	
Test	Status	Time
COMP . CAL	Pass Pass	11:07am 11:07am

Status Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County G	INTOXIMETERS, MODEL INTOX EC/IR II  UILLARD Instrument Location Greens bevo JAIL
	al No. 008794
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 22 day of Appl , 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 04/22/2016

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
05/01/2015-05/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:34am 10:34am 10:35am 10:36am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Ken Clan
Analyst

#### GUILFORD COUNTY GREENSBORO JAIL 400

Test Record Number: 4860 Serial Number: 008794 Test Date: 04/22/2016

Test Time: 10:41am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:41am
FLO	Pass	10:41am
FC	Pass	10:41am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:41am
SRC	Pass	10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
${f BT}$	Pass	10:41am

#### Blank Tests

Test	Status	Time

AIR Pass 10:42am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:42am

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	10:42am 10:42am

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County GR	ANVILLE Instrument Location CREEDMUDE PD
Instrument Ser	ial No. OUB64/ 111 MASONIC ST. CREEDMOOR, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 27 day of APQIC, 20/6 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Bus Daniel 637
	Signature of Certifying Official Certificate Number

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 04/27/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D Permit Number: 8937E Effective: 08/01/2015-08/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:53pm 2:54pm 2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm

Reported AC: .j00 g/210L

Signature of Chemical Analyst

Court CVR

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Record Number: 885

Test Date: 04/27/2016

Test Time: 3:02pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:03pm
FLO	Pass	3:03pm
FC	Pass	3:03pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:03pm
SRC	Pass	3:03pm
DET	Pass	3:03pm
BAR	Pass	3:03pm
BT	Pass	3:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm
	CRC Tests	
Test	Status	Time

Pass Preventive Maintenance Status: Pass

Pass

3:04pm

3:04pm

COMP

CAL

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>G</u>	PANVILLE Instrument Location AF	FORD PD
Instrument S	Serial No. 008923 204 E MCC/AN	AHAN ST OXFORD A
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR lare:	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	c breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	η <sup>n</sup> .
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	<i>*</i>
10.	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first.	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures we	on the 27 day of APRIL 20 16 to ere performed on the instrument indicated above, in accordance with a f Health and Human Services, and the instrument is functioning proper	he forgoing preventive maintenance current regulations of the N.C. erly.
THE STATE		1
CALA		
ASIL IS FEE	Bus D Amel	637
	Signature of Certifying Official	Certificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 04/27/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG525303 Exp Date: 09/10/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	10:35am 10:36am
ACCY CHK	.08	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

### GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 04/27/2016

Test Record Number: 1353

Test Time: 10:50am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:51am
FLO	Pass	10:51am
FC	Pass	10:51am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:51am
SRC	Pass	10:51am
DET	Pass	10:51am
BAR	Pass	10:51am
BT	Pass	10:51am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:52am

#### Printer Tests

COMP

CAL

Test	Status	Time
PRNT	Pass	10:52am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

10:52am

10:52am

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	INTOXIMETERS, MODEL INTOXICATION
County 60	Instrument Location Gates (0, S.O.
Instrument Ser	rial No. 008884 202 Court St., Getesville, M.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
THE STATE OF THE S	2/4/1 C 643
	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 04/21/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:13am 11:14am 11:14am 11:15am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GATES COUNTY GATES CO SO 360

Serial Number: 008884

Test Record Number: 721

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:21am 11:21am
FC	Pass	11:21am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
BT	Pass	11:21am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:22am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:22am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:22am 11:22am

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ARNETT Instrument Location HARNETT Co. Det. Centres
Instrument Ser	ial No. <u>008729</u> <u>LILLINISTON</u> , NC
<u> </u>	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
STATE ON STATE OF THE STATE OF	For A Prundl 371
APRIL 12, 17th	Jac 14 hussell 3/1

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 04/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:06pm 1:07pm 1:08pm
AIR BLK	.00	1:09pm
SUB TEST AIR BLK	.00 .00	1:10pm 1:11pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729

Test Record Number: 2044

Test Date: 04/21/2016

Test Time: 1:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO	Pass	1:14pm
FC	Pass	1:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
BT	Pass	1:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:15pm

Preventive Maintenance Status: Pass

Pass

CAL

1:15pm

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT Instrument Location HARNETT Co. Desertion CTR
Instrument	Serial No. OO 8730 LILLINGTON, NC
The prever	ative maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday ofAPQ/L, 20/6 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 04/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:05pm 1:05pm 1:06pm 1:07pm 1:07pm
AIR BLK	.00	1:0/pm 1:08pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730

Test Record Number: 2517

Test Date: 04/21/2016

Test Time: 1:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:12pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	1:12pm 1:12pm 1:12pm 1:12pm
BT	Pass	1:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:13pm
CAL	Pass	1:13pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Harrond	•	Location $\begin{picture}(100,0) \put(0,0){\line(0,0){100}} \put(0,0){\line$		P.O.
Instrument	t Serial No. D04848	705	U. main	59., A	hoskie N
The prever	ntive maintenance procedures for the	ne Intoximeters, M	odel Intox EC/IR II	to be followed a	it least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus .	ster displays pressu 2 degree centigrade	re, or the alcoholic	breath simulator	thermometer shows
2.	Verify instrument displays	time and date;		٠.	
3.	Initiate breath test sequence	<del>;</del> ;			·
4.	Enter information as promp	oted;			
5.	Verify instrument accuracy	·• 3			er Gregoria
6.	When "PLEASE BLOW"	appears, collect bre	eath sample;	Ž.	
7.	When "PLEASE BLOW"	appears, collect bro	eath sample;		
8.	Print test record;				
9.	Verify Diagnostic Program	; and			
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being che changed every fou	nanged before expir r months or after 12	ation date, or the 25 Alcoholic Brea	alcoholic breath ath Simulator tests,
procedures	at on theday of s were performed on the instrument of Health and Human Services, a	t indicated above, i	n accordance with	current regulation	entive maintenance ns of the N.C.
THE CHEAT SET OF THE COLOR OF T	ATE OF NORTH	il d	Luc		697

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 04/19/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:03pm 12:04pm 12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 04/19/2016

Test Record Number: 1175
Test Time: 12:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:11pm
FLO	Pass	12:11pm
FC	Pass	12:11pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:11pm
SRC	Pass	12:11pm
DET	Pass	12:11pm
BAR	Pass	12:11pm
BT	Pass	12:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:12pm
	CRC Tests	·
Test	Status	Time
COMP CAL	Pass Pass	12:12pm 12:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location\_ County Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 20 / the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

#### HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 04/26/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501 Exp Date: 03/15/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:35pm 3:36pm 3:37pm
AIR BLK SUB TEST	.00	3:38pm 3:38pm
AIR BLK	.00	3:39pm
SUB TEST AIR BLK	.00 .00	3:41pm 3:41pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Live A. Keese.
Analyst

#### HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797

Test Record Number: 439

Test Date: 04/26/2016

Test Time: 3:42pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:43pm 3:43pm
FC	Pass	3:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:43pm
SRC	Pass	3:43pm
DET	Pass	3:43pm
BAR	Pass	3:43pm
$\mathtt{BT}$	Pass	3:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:44pm 3:44pm

Preventive Maintenance Status: Pass

Analyst

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/IR II  Instrument Location Indel County SD		
Instrument Se			
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	on the day of day of 20/6 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

# IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809

Test Record Number: 3294

Test Date: 04/06/2016

Test Time: 10:50am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:50am
FLO	Pass	10:50am
FC	Pass	10:50am

# Temperature Tests

Status	Time
Pass	10:51am
	Pass Pass Pass Pass

# Blank Tests

Test	Status	Time	
ATR	Pagg	10.51am	

### Printer Tests

Test	Status	Time
PRNT	Pass	10:51am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

10:51am

10:51am

COMP

CAL

Analyst

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 04/06/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:56am 10:57am 10:58am 10:59am
SUB TEST	.00	10:59am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official

### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1223 Test Date: 04/06/2016 Test Time: 11:27am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:27am
FLO	Pass	11:27am
FC	Pass	11:27am

# Temperature Tests

Status	Time
Pass	11:27am
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	11:28am

### Printer Tests

ľest	Status	Time
PRNT	Pass	11:28am
10 00		

### CRC Tests

Test	Status	Time
COMP	Pass	11:28am
CAL	Pass	11:28am
the first transfer and the		

Preventive Maintenance Status: Pass

Analyst

### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 04/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex. Male Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective: 01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test g/210L Time

DIAG	Pass		11:2	32am
AIR BLK	.00			32am
ACCY CHK	.07		11:	33am
AIR BLK	.00	and the second	11:3	4am
SUB TEST	.00		11:3	5am
AIR BLK	.00		11:3	6am
SUB TEST	.00		11:3	7am
AIR BLK	.00		11:3	8am

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County —	TRECELL Instrument Location BAT MOBILE 7
Instrument Se	rial No
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008972 Test Date: 04/09/2016

Citation Number: M0000000-0
Subject's Name: NONE, NONE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W
Permit Number: 7281E
Effective:
02/01/2016-02/01/2018

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:27pm 9:28pm 9:28pm 9:29pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:32pm
AIR BLK	.0%	9:33pm/

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVE

Analyst

# IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008972

Test Record Number: 192

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	9:34pm
FLO	Pass	9:34pm
FC	Pass	9:34pm

# Temperature Tests

Test	Status	Time
FC1	Pass	9:34pm
SRC	Pass	9:34pm
DET	Pass	9:34pm
BAR	Pass	9:34pm
BT	Pass	9:34pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:35pm

# Printer Tests

Test	Status	Time
PRNT	Pass	9:35pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:35pm
CAL	Pass	9:35pm

Preventive Maintenance Status: Pags

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location BAT MOBILE 7
Instrument S	Serial No
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
<b>2</b> .	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday of
THE STATE OF THE S	TO THE SAME OF THE

IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008968 Test Date: 04/09/2016

Citation Number: M0000000-0 Subject's Name: NONE, NONE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W Permit Number: 7281E Effective: 02/01/2016-02/01/2018

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:28pm 9:29pm 9:29pm
AIR BLK	.00	9:30pm
SUB TEST AIR BLK	.00 .00	<b>9:31pm</b> 9:32pm
SUB TEST	.00	9:33pm
AIR BLK	/.00	/9:34,0m

Reported

Signature of Chemical Analyst

Court

Analyst

# IREDELL BAT MOBILE UNIT 7 480

Serial Number: 008968

Test Record Number: 148 

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	9:36pm
FLO	Pass	9:36pm
FC	Pass	9:36pm

# Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:36pm

# Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:37pm
CAL	Pass	9:37pm

Preventive Maintenance Statys: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		End, Model Intox	
County	JOHNSTON	Instrument Location_CL	AYTON POLICE DEP
Instrument S	erial No. <u>008658</u>	CLAYTON, NO	gents.
The preventi- four months	ve maintenance procedures for the are:	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiratinged every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
certify that or procedures we Department of	to berrotuted on the than fillell lift	icated above, in accordance with cuthe instrument is functioning proper	errant ramilations of the NI C
THE STATE OF THE S	No in Carolina Sign	Acceptable at the control of the con	37/ Certificate Number

# JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658

Test Record Number: 1214

Test Date: 04/19/2016

Test Time: 8:05pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	8:06pm
FLO	Pass	8:06pm
FC	Pass	8:06pm

# Temperature Tests

Status	Time
Pass	8:06pm
	Pass Pass Pass Pass

# Blank Tests

Test	Status	Time
AIR	Pass	8:07pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:07pm
	CRC Tests	
Test	Status	Time

8:07pm

8:07pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Meckenburg Instrument Location BAT MOBILE	7
Instrument :	Mecklenburg Instrument Location BAT MOBILE at Serial No. 008968	
The prevent four months	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once his are:	e every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade;	eter show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	reath or tests,
I certify that of procedures we Department o	at on the	tenance C.
THE STATE OF THE S	659	
	Signature of Certifying Official Certificate Numb	er

### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Date: 04/15/2016

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W Permit Number: 7281E Effective: 02/01/2016-02/01/2018

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	10:23pm 10:24pm 10:24pm 10:25pm 10:26pm 10:27pm 10:28pm
AIR BLK	. 0,9	19/29pm

Reported AC

Signature of Chemical Analyst

Court

Analyst

# MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008968 Test Record Number: 151

Test Date: 04/15/2016 Test Time: 10:31pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:31pm 10:31pm
FC	Pass	10:31pr

# Temperature Tests

Test	Status	Time
FC1	Pass	10:32pm
SRC	Pass	10:32pm
DET	Pass	10:32pm
BAR	Pass	10:32pm
BT	Pass	10:32pm

# Blank Tests

Test	Status	Time
AIR	Pass	10:32pm

### Printer Tests

test	Status	Time
PRNT	Pass	10:32pm

# CRC Tests

Test	Status	Time
COMP	Pass	10:32pm
CAL	Pass	10:32pm

Preventive Maintenance Stat/us: Pass/

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mecklenburg Instrument Location BAT MOBILE 7
Instrumen	Wecklenburg Instrument Location BAT MOBILE 7 t Serial No. 008972
The prevention of the four month	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
STATE CINE OF THE CONTROL OF THE CON	Signature of Ceptifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Date: 04/15/2016

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W
Permit Number: 7281E
Effective:
02/01/2016-02/01/2018

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	10:32pm 10:33pm
ACCY CHK	.07	10:34pm
AIR BLK SUB TEST	.00 .00	10:35pm <b>10:35pm</b>
AIR BLK	.00	10:36pm
SUB TEST	.00	10:38pm
AIR BLK	<b>,</b> 00	10:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: 008972 Test Record Number: 195 Test Date: 04/15/2016 Test Time: 10:40pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:40pm 10:40pm
FC	Pass	10:40pm

# Temperature Tests

Test	Status	Time
FC1	Pass	10:40pm
SRC	Pass	10:40pm
DET	Pass	10:40pm
BAR	Pass	10:40pm
BT	Pass	10:40pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:41pm

# Printer Tests

Test	Status	Time
PRNT	Pass	10:41pm
	CRC Tests	

lesc	Status	Time
COMP	Pass	10:41pm
CAL	Pass	10:41pm

Preventive Maintenance Status Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II
Instrument Location Martin G. S.O.
No. 008912 305 E. Main St., Williamston
naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Verify Diagnostic Program; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
day of April , 20 16 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. salth and Human Services, and the instrument is functioning properly.
Signature of Certifying Official Certificate Number

### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 04/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	11:22am 11:22am
ACCY CHK	.08	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 04/13/2016

Test Record Number: 1113
Test Time: 11:29am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	11:30am
FLO	Pass	11:30am
FC	Pass	11:30am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

### Blank Tests

Test	Status	Time	
AIR	Pass	11:30am	

# Printer Tests

Test	Status	Time
PRNT	Pass	11:30am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:31am

Preventive Maintenance Status: Pass

Pass

11:31am

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \( \sum_{\lambda} \)	one CD Instrument Location Bot Mobile Unit
Instrument Seria	INOCO8736 Abordeen PO
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he, 20, the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF ALL TO ALL	Signature of Certificial Certificate Number

### MOORE COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008736 Test Date: 04/15/2016

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:29pm 10:30pm 10:30pm 10:31pm 10:32pm 10:33pm 10:34pm
AIR BLK	.00	10:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Daya Bookin

# MOORE COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008736 Test Date: 04/15/2016 Test Record Number: 813 Test Time: 10:37pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:37pm
FLO	Pass	10:37pm
FC	Pass	10:37pm

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:38pm 10:38pm 10:38pm 10:38pm 10:38pm
		*

# Blank Tests

Test	Status	Time
AIR	Pass	10:38pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:38pm 10:38pm

Preventive Maintenance Status: Pass

10 BOKING

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County MC	oce CD Instrument Location Bot Mobile Unit
Instrument Serial	No. DO 8615 Aberdeen PD
The preventive marginal four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were properties to the procedures were procedured to the procedure of the p	e, 20, the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. alth and Human Services, and the instrument is functioning properly.
ON O STATE OF NO. OF STATE OF	Donus B Skinger Louy

# MOORE COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008615 Test Date: 04/15/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:03pm 10:04pm 10:05pm
AIR BLK	.00	10:06pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm
SUB TEST	.00	10:09pm
AIR BLK	.00	10:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skinning

# MOORE COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008615 Test Date: 04/15/2016

Test Record Number: 5368 Test Time: 10:11pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:11pm
FLO	Pass	10:11pm
FC	Pass	10:12pm

# Temperature Tests

Test	Status	Time
FC1	Pass	10:12pm
SRC	Pass	10:12pm
DET	Pass	10:12pm
BAR	Pass	10:12pm
BT	Pass	10:12pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:12pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:12pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:12pm 10:12pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NE	WHANOVER	Instrument Location PA	T MOBILE UNIT
Instrument Ser	ial No. <u>008616</u>	Wi	TMOBILE UNIT
The preventive four months are		ntoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		breath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	;	
5.	Verify instrument accuracy;	•	
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.		ster is being changed before expira aged every four months or after 125	
I certify that on procedures were Department of I	theday of performed on the instrument indi- Health and Human Services, and the	, 20 / the icated above, in accordance with cure instrument is functioning proper	e forgoing preventive maintenance arrent regulations of the N.C.
THE STATE OF A STATE O	Serial CAROLINA CAROL		
TO QUAM VIDE	(I)	3 () cm 20	<u> </u>
	Signa	ature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008616 Test Date: 04/09/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:22pm 9:23pm 9:24pm 9:25pm <b>9:25pm</b>
AIR BLK SUB TEST	.00 .00	9:26pm <b>9:28pm</b>
AIR BLK	.00	9:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Kg Parnes
Analyst

### NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008616

Test Record Number: 2201

Test Date: 04/09/2016

Test Time: 9:29pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR .	Pass	9:30pm
FLO	Pass	9:30pm
FC	Pass	9:30pm

# Temperature Tests

Test	Status	Time
FC1	Pass	9:30pm
SRC	Pass	9:30pm
DET	Pass	9:30pm
BAR	Pass	9:30pm
$\mathtt{BT}$	Pass	9:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:30pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:30pm

# CRC Tests

Test	Status	Time
COMP	Pass	9:30pm
CAL	Pass	9:30pm

Preventive Maintenance Status: Pass

alun Rey Barnes
Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/\/	EW HANOVER Instrument Location BAT MOBILE UNIT
Instrument Se	erial No. 008575 Instrument Location BAT MOBILE UNIT
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the day of PIZIL, 20 1 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE ON THE STATE OF THE STATE	CO Da Barrer

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008575 Test Date: 04/09/2016

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:54pm 9:55pm
ACCY CHK	.08	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olun Rey Barnes
Analyst

# NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008575 Test Date: 04/09/2016 Test Record Number: 909 Test Time: 10:01pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:01pm
FLO	Pass	10:01pm
FC	Pass	10:01pm

# Temperature Tests

Test	Status	Time
FC1	Pass	10:01pm
SRC	Pass	10:01pm
DET	Pass	10:01pm
BAR	Pass	10:01pm
BT	Pass	10:01pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:02pm

Preventive Maintenance Status: Pass

Pass

10:02pm

CAL

alun Ka Barres
Analysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

i	INTUXIMETERS, MODEL INTUX EC/IR II		
County_/	EW HANOVER Instrument Location BAT MOBILE UNIT		
Instrument S	erial No. 008647 WILMINGTON, NC		
The prevention four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that o procedures we Department of	on the day of, 20 / Lo the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. If Health and Human Services, and the instrument is functioning properly.		
STATE OF THE STATE	CAROLL CA		
W. Warman	Signature of Certifying Official Certificate Number		
	- organization control control control control (Mambel		

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008647 Test Date: 04/09/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	7:09pm
AIR BLK	.00	7:10pm
ACCY CHK	.07	7:11pm
AIR BLK	.00	7:12pm
SUB TEST	.00	7:13pm
AIR BLK	.00	7:14pm
SUB TEST	.00	7:15pm
AIR BLK	.00	7:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alen Ry Bang Analyst

### NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008647 Test Record Number: 2210 Test Date: 04/09/2016 Test Time: 7:17pm EDT

System Check: Passed

### Baseline Tests

Status	Time
Pass	7:17pm 7:17pm
Pass Pass	7:17pm 7:17pm
	Pass Pass

### Temperature Tests

Test	Status	Time
FC1	Pass	7:17pm
SRC	Pass	7:17pm
DET	Pass	7:17pm
BAR	Pass	7:17pm
$\mathtt{BT}$	Pass	7:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:18pm

### Printer Tests

Test	Status	Time
PRNT	Pass	7:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:18pm 7:18pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County O	RANGE	Instrument Location HILLS BOROV 614 PD
Instrument S	erial No. <u>008</u> 799	127 N. CHURTON ST. HILLSROROUGH, NC
The prevention four months a		Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;
2.	Verify instrument displays tin	ne and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted	<b>f</b> ;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" app	pears, collect breath sample;
7.	When "PLEASE BLOW" app	pears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; ar	nd
10.		nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
	ere performed on the instrument in	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
OF THE STATE OF TH		D Anith 637

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 04/25/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG525303

Exp Date: 09/10/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:37am 10:37am 10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799

Test Record Number: 2118

Test Date: 04/25/2016 Test Time: 10:55am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:55am
FLO	Pass	10:55am
FC	Pass	10:55am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:56am
SRC	Pass	10:56am
DET	Pass	10:56am
BAR	Pass	10:56am
BT	Pass	10:56am

### Blank Tests

Test	Status	Time
ATR	Pass	10:56am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:56am
	CRC Tests	
Test	Status	Time

10:56am

10:56am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	) H	Instrument Location	<del>-</del>
Instrument S	Serial No. 008666	4144 West An	re. Anden, N.C.
The prevent	ive maintenance procedures for the I are:	ntoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholi gree centigrade;	ic breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before expired every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that or procedures we Department of	n theday ofre performed on the instrument indic Health and Human Services, and the	ated above, in accordance with construment is functioning proper	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
OTH STATE OF	NORTH CAROLLA STATE OF THE STAT		
STE QUAM VIDEN	Ku)	$(\mathcal{L})$	1.113
	Signatu	are of Certifying Official	Certificate Number

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 04/13/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	12:51pm 12:51pm
ACCY CHK	.08	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:57pm
ATR BLK	. 0.0	12:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PITT AYDEN PD 730

Serial Number: 008666

Test Record Number: 882 

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:00pm
FLO	Pass	1:00pm
FC	Pass	1:00pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:00pm
SRC	Pass	1:00pm
DET	Pass	1:00pm
BAR	Pass	1:00pm
BT	Pass	1:00pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:01pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:01pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:01pm
CAL	Pass	1:01pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Tayantank 00 894 Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence: 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Date: 04/28/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:55am 11:56am 11:57am 11:58am <b>11:59am</b>
AIR BLK	.00	11:59am
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finded Keese
Analyst

### PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Date: 04/28/2016 Test Record Number: 1158
Test Time: 12:03pm EDT

1000 1......

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:04pm
FLO	Pass	12:04pm
FC	Pass	12:04pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:04pm
SRC	Pass	12:04pm
DET	Pass	12:04pm
BAR	Pass	12:04pm
BT	Pass	12:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:04pm 12:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; Verify Diagnostic Program; and 9. 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 04/28/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	11:54am 11:55am
ACCY CHK	.08	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950

Test Record Number: 1328 

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

### Printer Tests

		- 10
Test	Status	Time
PRNT	Pass	12:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:04pm

Preventive Maintenance Status: Pass

Pass

12:04pm

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ANDOLAY Instrument Location PANIXEMAN POLICE DEPT.
Instrument Seri	al No. 008737 RANDLEMAN, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20, 20
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 04/22/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG607602 Exp Date: 03/16/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	11:51am 11:52am
ACCY CHK	. 08	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Record Number: 900 Test Date: 04/22/2016 Test Time: 11:59am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:59am
FLO	Pass	11:59am
FC	Pass	11:59am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:59am
SRC	Pass	11:59am
DET	Pass	11:59am
BAR	Pass	11:59am
BT	Pass	11:59am

### Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:00pm 12:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial N The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

### RANDOLPH COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008736 Test Date: 04/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	9:35pm 9:36pm
ACCY CHK AIR BLK	.07	9:37pm 9:38pm
SUB TEST	.00	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### RANDOLPH COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008736

Test Record Number: 816

Test Date: 04/23/2016

Test Time: 9:43pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:43pm
FLO	Pass	9:43pm
FC	Pass	9:43pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:43pm
SRC	Pass	9:43pm
DET	Pass	9:43pm
BAR	Pass	9:43pm
BT	Pass	9:43pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:44pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:44pm
	CRC Tests	
Test	Status	Time

COMP Pass 9:44pm CAL Pass 9:44pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

and the same of th	INTOAMIETERS, MODEL INTOA ECIRT	
County	Instrument Location Bat 1130	Dile Unit
Instrument Ser	erial NoDO860) SHP-Randolf	
The preventive four months are	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followe:	wed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade;	ulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcoholi whichever occurs first.	
I certify that on procedures wer Department of	on the	preventive maintenance lations of the N.C.
THE STATE OF		
	CONTROL OF THE PROPERTY OF THE	
APRIL 12, 178	Days Botrones	LoL)U
	Signature of Certifying Official	Certificate Number

### RANDOLPH COUNTY BATMOBILE UNIT 8 400

Serial Number: 008601 Test Date: 04/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:41pm
AIR BLK	.00	9:42pm
ACCY CHK	.08	9:43pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:45pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:47pm
ATR BLK	. 0.0	9:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

### RANDOLPH COUNTY BATMOBILE UNIT 8 400

Serial Number: 008601

Test Record Number: 1160 Test Time: 9:50pm EDT

Test Date: 04/23/2016

rest Time: 9:30pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:50pm 9:50pm
FC	Pass	9:51pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:51pm
SRC	Pass	9:51pm
DET	Pass	9:51pm
BAR	Pass	9:51pm
BT .	Pass	9:51pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:51pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:51pm
	CRC Tests	
Test	Status	Time

COMP	Pass	9:51pm
CAL	Pass	9:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

and the second	INTOXIMETERS, MODEL INTOX EC/IR II
County C	Molph Instrument Location Bot Mobile Unit
Instrument Se	rial NOOS615 SHP- Randolph
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
ON ME STATE OF THE	Donya 3 Sky 644

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

### RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008615 Test Date: 04/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	9:34pm 9:34pm
ACCY CHK	.07	9:35pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:36pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008615

Test Record Number: 5372

Test Date: 04/23/2016 Te

Test Time: 9:43pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:43pm
FLO	Pass	9:43pm
FC	Pass	9:44pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:44pm
SRC	Pass	9:44pm
DET	Pass	9:44pm
BAR	Pass	9:44pm
BT	Pass	9:44pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:44pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:44pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:45pm
CAL	Pass	9:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

### RANDOLPH COUNTY BAT MOBILE UNIT 8 610

Serial Number: 008816 Test Date: 04/23/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:04pm 10:05pm 10:06pm
AIR BLK	.00	10:07pm
SUB TEST	.00	10:07pm
AIR BLK	.00	10:08pm
SUB TEST	.00	10:10pm
ATR BLK	.00	10:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### RANDOLPH COUNTY BAT MOBILE UNIT 8 610

Serial Number: 008816 Test Record Number: 7206 Test Date: 04/23/2016 Test Time: 10:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:12pm 10:12pm
FC FC	Pass Pass	10:12pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:12pm
SRC	Pass	10:12pm
DET	Pass	10:12pm
BAR	Pass	10:12pm
BT	Pass	10:12pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

### Printer Tests

Status

Test

PRNT	Pass	10:13pm
	CRC Tests	
Test	Status	Time

Time

COMP Pass 10:13pm CAL Pass 10:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Andolph Instrument Location Bot Mobile Unit
Instrument Ser	ial No. 1080BOQ SHP-ROMOLPH
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
TO THE STATE OF A	OSTATI CAROLLING TO THE PARTY OF THE PARTY O

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

### RANDOLPH COUNTY BAT MOBILE UNIT 8 420

Serial Number: 008929 Test Date: 04/23/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:26pm 10:27pm 10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya Bolton

### RANDOLPH COUNTY BAT MOBILE UNIT 8 420

Serial Number: 008929 Test Record Number: 958 Test Date: 04/23/2016

Test Time: 10:21pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	10:22pm 10:22pm
rC	Pass	10:22pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:22pm 10:22pm 10:22pm 10:22pm 10:22pm

### Blank Tests

Test	Status	Time
AIR	Pass	10 • 23 nm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:23pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	RICHMOND Instrument Location RICHMOND Co. MAG OF	<u>4)</u> ,
Instrument Se	erial No. 008840 ROCKUNGHAM, NC	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	ry
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;	iows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	ı ts,
	on the 20 day of APRIC , 20 16 the forgoing preventive maintenant vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	ice
STATE STATE OF THE	Mr W Dussell 3/1	<u> </u>
4	Signature of Certifying Official Certificate Number	\$.

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 04/20/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	5:42pm 5:43pm 5:43pm
AIR BLK SUB TEST	.00 .00	5:44pm 5:45pm
AIR BLK	.00	5:46pm
SUB TEST	.00	5:48pm
AIR BLK	.00	5:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840

Test Record Number: 1781

Test Date: 04/20/2016

Test Time: 5:50pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:50pm
FLO	Pass	5:50pm
FC	Pass	5:50pm

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:50pm 5:50pm
DET	Pass	5:50pm 5:50pm
BAR BT	Pas <b>s</b> Pas <b>s</b>	5:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	<b>5</b> :51pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:51pm
	CRC Tests	
Test	Status	Time

5:51pm

5:51pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	intoximeters, model intox ec/ir ii
County /	Instrument Location RICHMOND Co. MAG'S OFF
Instrument Se	erial No. 008701 ROCKINGHAM, NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	the 20 day of ARIL, 20 16 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	NORTH CAROLINA TO THE CAROLINA
TOTAL OLIAN VIDEN	Signature of Certifying Official Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 04/20/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
, D.T.3.63	D	E 44
DIAG	Pass	5:44pm
AIR BLK	.00	5:45pm
ACCY CHK	.07	5:45pm
AIR BLK	.00	5:46pm
SUB TEST	.00	5:47pm
AIR BLK	.00	5:48pm
SUB TEST	.00	5:50pm
AIR BLK	.00	mq02:2

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701

Test Record Number: 1096

Test Date: 04/20/2016 Te

Test Time: 5:52pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:52pm
FLO	Pass	5:52pm
FC	Pass	5:52pm

#### Temperature Tests

Status	Time
Pass	5:52pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	5:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:53pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	ROBESON Instrument Location ROBESON Co. JAIL
Instrument S	erial No. <u>OO8805</u> <u>LUMBERTON, NC</u>
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
. 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n theday of
STATE OF STA	NORTH CARD

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 04/21/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

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Test	g/210L	Time
DIAG	Pass	5:15pm
AIR BLK	.00	5:16pm
ACCY CHK	.07	5:17pm
AIR BLK	.00	5:18pm
SUB TEST	.00	5:19pm
AIR BLK	.00	5:19pm
SUB TEST	.00	5:21pm
AIR BLK	.00	5:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 04/21/2016

Test Record Number: 3529

Test Time: 5:23pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:23pm
FLO	Pass	5:23pm
FC	Pass	5:23pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:23pm
SRC	Pass	5:23pm
DET	Pass	5:23pm
BAR	Pass	5:23pm
BT	Pass	5:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:24pm

Preventive Maintenance Status: Pass

Pass

CAL

5:24pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	KOBESON Instrument Location ST. Houls House Dept.
Instrume	nt Serial No. 008814 ST. Ruls, NC
The prevenue four mon	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	that on the
THE COREAL SECTION AND ASSESSED.	STATE OF THE STATE

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 04/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	1:59pm 2:00pm
ACCY CHK	.07	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814

Test Record Number: 569

Test Date: 04/26/2016

Test Time: 2:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:06pm
FLO	Pass	2:06pm
FC	Pass	2:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:07pm

Preventive Maintenance Status: Pass

Pass

2:07pm

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# PREVENTIVE MAINTENANCE RECORD

<i>p</i> **	INTOXIMETERS, MODEL INTOX EC/IK II
County_	ROBESON Instrument Location ROBESON Co. JAIL
Instrument Ser	rial No. 008836 LUMBERTON, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20, 20
THE STATE OF THE PROPERTY OF T	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 04/21/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534902 Exp Date: 12/15/2017

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836

Test Record Number: 3979

Test Date: 04/21/2016 Te

Test Time: 6:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:02pm
FLO	Pass	6:02pm
FC	Pass	6:03pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:03pm
SRC	Pass	6:03pm
DET	Pass	6:03pm
BAR	Pass	6:03pm
BT	Pass	6:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	6:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIN	METERS, MODEL INTOX E	C/IR II
County/	SORESON	Instrument Location / EMG	ROKE POLICE DEL
Instrument Se	erial No. <u>0088</u> 3	37 BMBROKE, A	lc
The preventive four months a	ve maintenance procedures	for the Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas 34 degrees, plus or mi	canister displays pressure, or the alcoholic b	reath simulator thermometer show
2.	Verify instrument disp	lays time and date;	
3.	Initiate breath test sequ	ence;	
4.	Enter information as p	rompted;	
5.	Verify instrument accu	racy;	
6.	When "PLEASE BLO"	W" appears, collect breath sample;	
7.	When "PLEASE BLO"	W" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prog	ram; and	
10.	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being changed before expirating changed every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures we	n the <u>26</u> day of re performed on the instrum Health and Human Service	nent indicated above, in accordance with cures, and the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
organist .			· · · ·
OF THE STATE OF TH	NORTH THE RESERVE THE PROPERTY OF THE PROPERTY		·
	CARO		
* ESE QUAM VIDE		B + Burell	371
		Signature of Certifying Official	Certificate Number

## ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837

Test Record Number: 752 Test Date: 04/26/2016 Test Time: 3:23pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:24pm
FLO	Pass	3:24pm
FC	Pass	3:24pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:24pm
SRC	Pass	3:24pm
DET	Pass	3:24pm
BAR	Pass	3:24pm
BT	Pass	3:24pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:25pm

Preventive Maintenance Status: Pass

Pass

3:25pm

CAL

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 04/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

'l'est	g/210L	Time
DIAG	Pass	3:17pm
AIR BLK	.00	3:17pm
ACCY CHK	.07	3:18pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:22pm
ATR BLK	.00	3:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County SC	DBESON Instrument Location KED SPRINGS BLICE DE
Instrument Seria	INO. <u>008857</u> RED SPRINGS, NC
	Alp.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	ne <u>26</u> day of <u>10212</u> , 20 6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF NO.	
	A CAROLLA
APRIL 12, 17 b	7 3/ Sussell 371

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 04/26/2016

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	.00	6:23pm 6:24pm 6:25pm 6:26pm
SUB TEST	.00	6:26pm
AIR BLK	.00	6:27pm
SUB TEST	.00	6:29pm
AIR BLK	.00	6:30pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857

Test Record Number: 489 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:33pm
FLO	Pass	6:33pm
FC	Pass	6:33pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	6:33pm 6:33pm 6:33pm 6:33pm 6:33pm
	- 0.00	0.55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:34pm
	CRC Tests	

Test	Status	Time
COMP	Pass	6:34pm
CAL	Pass	6:34pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETERS,		
County $\sqrt{s}$	Waih In	strument Location	erokee Tribal Det.
Instrument S	Serial No. <u>00278Z</u>	Cherokee,	NC
The prevention four months	tive maintenance procedures for the Intoxim are:	neters, Model Intox EC/	IR II to be followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c	ys pressure, or the alcohentigrade;	nolic breath simulator thermometer show
2.	Verify instrument displays time and c	late;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	ollect breath sample;	
7.	When "PLEASE BLOW" appears, co	ollect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed ev whichever occurs first.	being changed before ex very four months or after	expiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
I certify that or procedures we Department or	on the	, 20 //- above, in accordance wi	_ the forgoing preventive maintenance ith current regulations of the N.C. roperly.
THE STATE OF THE S	Signature	Certifying Official	Certificate Number

#### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 04/28/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
09/01/2015-09/01/2017

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	9:10am
AIR BLK	.00	9:11am
ACCY CHK	.08	9:12am
AIR BLK	.00	9:12am
SUB TEST	.00	9:13am
AIR BLK	.00	9:14am
SUB TEST	.00	9:15am
AIR BLK	.00	9:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782

Test Record Number: 938

Test Date: 04/28/2016

Test Time: 9:17am EDT

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:18am
FLO	Pass	9:18am
FC	Pass	9:18am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:18am 9:18am
DET	Pass	9:18am
BAR	Pass	9:18am
$\mathtt{BT}$	Pass	9:18am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:18am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:18am
•	CRC Tests	
Test	Status	Time
COMP	Pass	9:18am

Preventive Maintenance Status: Pass

Pass

9:18am

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	The state of the s
County Train	Instrument Location Transylvania Co. Jai
Instrument Serial	No. 008609 Brevard, NC
The preventive ma	intenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3. I	nitiate breath test sequence;
4. F	Enter information as prompted;
5. V	erify instrument accuracy;
6. V	When "PLEASE BLOW" appears, collect breath sample;
7. V	When "PLEASE BLOW" appears, collect breath sample;
8. P	rint test record;
9. V	erify Diagnostic Program; and
SI	erify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath mulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, hichever occurs first.
certify that on the procedures were per Department of Healt	day of
STATE ON OUR STATE OF THE STATE	
APRIL 12, 1778	Dif R. Cuth 635
•	Signature of Certifying Official Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 04/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	1:01pm 1:02pm
ACCY CHK	.07	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Date: 04/08/2016

Test Record Number: 681
Test Time: 1:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:12pm

### Temperature Tests

Status	Time
Pass	1:12pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

#### Printer Tests

Status Time

Test

PRNT	Pass	1:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:13pm 1:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR, II

INTOXIMETERS, MODEL INTOX EC/IR II
County Trans V / Vania Instrument Location Trans V / Vania Co. Ja
Instrument Serial No. <u>OOS820</u> <u>Brevard</u> , NO
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows</li> <li>34 degrees, plus or minus .2 degree centigrade;</li> </ol>
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the day of, 20, 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
Signature of Certifying Official  Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 04/08/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
09/01/2015-09/01/2017

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS Test Type: Breath Test

Lot Number: AG534802 Exp Date: 12/14/2016

Time Test q/210LDIAG Pass 12:56pm AIR BLK .00 12:57pm ACCY CHK .07 12:58pm AIR BLK .00. 12:59pm SUB TEST .00 1:00pm AIR BLK .00 1:01pm SUB TEST .00 1:02pm AIR BLK .00 1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Diff. Cuth

### TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820

Test Record Number: 943 Test Date: 04/08/2016 Test Time: 1:10pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:11pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:11pm
SRC	Pass	1:11pm
DET	Pass	1:11pm
BAR	Pass	1:11pm
BT	Pass	1:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:12pm
CAL	Pass	1:12pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	(1) Agar Kembian	Instrument Location_		BILE Las. T #1
Instrument	Serial No. 008584		Water	FOLEST
The preven	ntive maintenance procedures for the Ir	toximeters, Model Intox	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath s	imulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			,
6.	When "PLEASE BLOW" appe	ars, collect breath sample	<b>;</b>	
7.	When "PLEASE BLOW" appe	ars, collect breath sample	;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	l		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
procedures	t on theday ofday ofday ofday ofday ofday ofday ofday of	cated above, in accordance	ce with current re	ng preventive maintenance gulations of the N.C.
STAND OF THE STAND	TE CO NOTIFIE CAROLINA CAROLIN	d Cortificion Official		636

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Record Number: 2099
Test Date: 04/29/2016 Test Time: 10:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:41pm
FLO	Pass	10:41pm
FC	Pass	10:41pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:41pm
SRC	Pass	10:41pm
DET	Pass	10:41pm
BAR	Pass	10:41pm
BT	Pass	10:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:41pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:42pm
CAL	Pass	10:42pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Date: 04/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	10:27pm
AIR BLK	.00	10:28pm
ACCY CHK	.08	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm
SUB TEST	.00	10:32pm
AIR BLK	.00	10:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sell Sill Spell Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS	MODEL III	-3	
County //	Vake	nstrument Location_		3,16 Cas, 7 /
Instrument Seria	al No		WARE	Forest
The preventive four months are	maintenance procedures for the Intox	meters, Model Intox	EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	lays pressure, or the a centigrade;	lcoholic breath sir	nulator thermometer shows
2.	Verify instrument displays time and	l date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears,	collect breath sample	<del>2</del> ;	
7.	When "PLEASE BLOW" appears	collect breath sample	ə;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed bef l every four months o	ore expiration date r after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
I certify that or procedures wer Department of	n the 357 day of 400 re performed on the instrument indicate Health and Human Services, and the	ed above, in accordar nstrument is function	the forgoince with current reing properly.	ng preventive maintenance gulations of the N.C.
STATE OF THE STATE	Signatu	C // // re of Certifying Offic	(572.)/ ial	6≥6 Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637 Test Date: 04/30/2016 Test Record Number: 2859
Test Time: 12:07am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:08am 12:08am
FC	Pass	12:08am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	12:08am 12:08am 12:08am 12:08am 12:08am
<del></del> -		

#### Blank Tests

Test	Status	Time
AIR	Pass	12:09am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:09am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:09am 12:09am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637 Test Date: 04/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:52pm 11:53pm
ACCY CHK	.08	11:54pm
AIR BLK	.00	11:55pm
SUB TEST	.00	11:57pm
AIR BLK	.00	11:58pm
SUB TEST	.00	11:59pm
AIR BLK	.00	12:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wales	Instrument Location/	BAT MOBILE WAIT #10
Instrument	Serial No		wake Forest
The prever		he Intoximeters, Model Intox EC/	IR II to be followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus	ister displays pressure, or the alcolog degree centigrade;	holic breath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	е;	
4.	Enter information as promp	pted;	
5.	Verify instrument accuracy	<i>7</i> ;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	•
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9	Verify Diagnostic Program	a; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before changed every four months or aft	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
I certify the procedures Departmen	at on theday of were performed on the instrument of Health and Human Services, a	t indicated above, in accordance v	the forgoing preventive maintenance with current regulations of the N.C. properly.
THE CREAT SECTION OF S	CAROL	Signature of Certifying Official	Z Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686

Test Record Number: 6376

Test Date: 04/29/2016

Test Time: 10:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:10pm
FLO	Pass	10:10pm
FC	Pass	10:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:10pm
SRC	Pass	10:10pm
DET	Pass	10:10pm
BÄR	Pass	10:10pm
BT	Pass	10:10pm

#### Blank Tests

Test	Status	Time
λTD	Dagg	10.11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:11pm 10:11pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 04/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BL	Pass K .00	9:58pm 9:59pm
ACCY C	HK .07	9:59pm
AIR BL		10:00pm
SUB TE		10:01pm
AIR BL		10:02pm
SUB TES	OO. TE	10:04pm
AIR BLI	X .00	10:04pm

Reported AC:

 $.00 \, \text{g}/210 \text{L}$ 

Signature of Chemical Analyst

Court CVR

Sel 6:1115 M

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County LA	Instrument Location BOT MOBILE LINIT #10
Instrument Ser	ial No. 008580 Wake ForesT
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
STATE OF	NOTIFIC CARDINAL TO THE CARDIN
ESE QUAM VIDEN	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Date: 04/29/2016

Test Record Number: 2270 Test Time: 10:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:17pm 10:17pm
FC	Pass	10:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:18pm
SRC	Pass	10:18pm
DET	Pass	10:18pm
BAR	Pass	10:18pm
BT	Pass	10:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

#### Printer Tests

Status

Time

Test

PRNT	Pass	10:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:18pm 10:18pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008580 Test Date: 04/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: *DHHS* 

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:04pm 10:05pm 10:06pm
AIR BLK	.00	10:06pm
SUB TEST	.00	10:08pm
AIR BLK	.00	10:08pm
SUB TEST	.00	10:10pm
AIR BLK	.00	10:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(	Wake Co. Instrument Location Wake Co	. Detantion Center
Instrument Se	erial No. <u>60 8544 3381 Hammond R</u>	2. Raleigh NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that of procedures we Department of	on the day of da	going preventive maintenance t regulations of the N.C.
OF THE STATE OF TH		Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 04/22/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7632E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534902 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG	Pass	3:04pm
AIR BLK	.00	3:06pm
ACCY CHK	07	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm

Reported AC: 00 g/210L

<del>Si</del>gnature of Chemical Analyst

Court CVR

Analyst

Some is used when performing Proventive Maintenance pro

## WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 2169
Test Date: 04/22/2016 Test Time: 3:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:17pm
F'LO	Pass	3:17pm
F'C'	Pass	3:17pm

## Temperature Tests

Status	Time
Pass	3:17pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	3:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:18pm

Preventive Maintenance Status: Pass

Pass

3:18pm

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Vake Co. Instrument Location WAKE Co. Detention Carre
Instrument Ser	ial No. 008612 3301 Hammond Pd Raleigh NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	theday of, 20 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	Signature of Certifying Official  Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 04/22/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA 'Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test,	g/210L	Time
DIAG AIR BLK	Pass	2:54pm 2:55pm
ACCY CHK	.07	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	3:00pm
AIR BLK	.00	mq00:E

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612

Test Record Number: 2918

Test Date: 04/22/2016

Test Time: 3:01pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:02pm
FLO	Pass	3:02pm
FC	Pass	3:02pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC	Pass	3:02pm
DET	Pass	3:02pm
BAR	Pass	3:02pm
$\mathtt{BT}$	Pass	3:02pm

#### Blank Tests

Test	Status	'l'ime
AIR	Pass	3:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:03pm

Preventive Maintenance Status: Pass

Pass

3:03pm

CAL

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location WAKE Co. DETENTION CT.		
Instrument So	erial No. <u>008760</u> 3301 HAMMOND RD RACEIGH, NC		
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that o procedures we Department of	on the		
STATE OF CHARLES AND CONTROL OF CONTROL	Bus D Smills 637		
	Signature of Certifying Official Certificate Number		

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 04/22/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG534902 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	2:56pm 2:56pm
ACCY CHK	.08	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760

Test Record Number: 1465

Test Date: 04/22/2016

Test Time: 3:05pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:05pm 3:05pm
FC	Pass	3:05pm

## Temperature Tests

Status	Time
Pass	3:05pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
71 T D	Dagg	3 • 0 6 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm
	CRC Tests	

Test St	tatus '	Time
		3:06pm 3:06pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, INTOXIMET	ERS, MODEL INTOX E	C/IR II
County	MAKE	Instrument Location/\_\AK_	E CO. DETENTION CTR
Instrument Se	erial No. <u>008778</u>	3301 HAMMOND A	RD RALEIGH, NC
The preventive four months a	•	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2 of	er displays pressure, or the alcoholic begree centigrade;	preath simulator thermometer shows
2.	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	ınd	
10.		nister is being changed before expirat anged every four months or after 125	
procedures we	ere performed on the instrument ir	the instrument is functioning proper	irrent regulations of the N.C.
THE STATE OF THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOT	Sig	gnature of Certifying Official	637 Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 04/22/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534902 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	2:48pm 2:49pm
ACCY CHK	.08	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
ATR BIK	. 00	2:55pm

Signature of Chemical Analyst

Court CVR

## WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778

Test Record Number: 2178

Test Date: 04/22/2016

Test Time: 2:56pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:57pm
FLO	Pass	2:57pm
FC	Pass	2:57pm

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:57pm 2:57pm
DET	Pass	2:57pm
BAR	Pass	2:57pm
BT	Pass	2:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:5 <b>8p</b> m

#### Printer Tests

PRNT Pass 2:58pm	Test	Status	Time
	PRNT	Pass	2:58pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:58pm
CAL	Pass	2:58pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	VALC Instrument Location BAT MIDBILE Law : THE
Instrument Ser	ial No. OC 8686 MORRISDILLE
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20 / 6 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	
A SEC QUAMVIDA	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Date: 04/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:34pm 9:35pm 9:35pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

# WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008686 Test Test Date: 04/08/2016 Test

Test Record Number: 6367
Test Time: 9:48pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:49pm 9:49pm
FC	Pass	9:49pm

## Temperature Tests

Status	Time
Pass	9:49pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	9:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:50pm
•	CRC Tests	
Test	Status	Time
COMP	Pass	9:50pm

9:50pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	Instrument Location RALEIGH PO NORTHEAST D
Instrument Seria	al No. 008738 5028 GREIZU'S DAIRY RO RALEIGH, NO
The preventive of four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the 26 day of APRIL , 20/6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
OF MAY STATE OF NO.	Bus Danth  Signature of Certifying Official  Certificate Number

#### WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008738 Test Date: 04/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:11pm 12:12pm 12:12pm 12:13pm 12:14pm 12:15pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008738

Test Record Number: 641

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

## Temperature Tests

SRC Pass 12:20pm DET Pass 12:20pm	Test	Status	Time
	SRC DET BAR	Pass Pass Pass	12:20pm 12:20pm 12:20pm 12:20pm 12:20pm

# Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

## Printer Tests

mo at

TCDC	blatus	TIME
PRNT	Pass	12:21pm
	CRC Tests	

Statue

Time

Test	Status	Time
COMP	Pass	12:21pm
CAL	Pass	12:21pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	RREN	_ Instrument Location NOR	LINA PO
Instrument Seri	ial No. 008945	101 MAIN ST.	NORLINA, NC
The preventive four months are		Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c		breath simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expire anged every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
procedures were	e performed on the instrument in	dicated above, in accordance with c the instrument is functioning prope	
OF THE STATE OF MANY 20, 1770	Service Servic	nature of Certifying Official	Certificate Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 04/28/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG	Pass	11:24am
AIR BLK	.00	11:25am
ACCY CHK	.08	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
ATR BLK	00	11 · 31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kus D. S. Analys

## WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945

Test Record Number: 311

Test Date: 04/28/2016

Test Time: 11:33am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:33am
FLO	Pass	11:33am
FC	Pass	11:33am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:33am 11:33am 11:33am 11:33am 11:33am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:34am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:34am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:34am
CAL	Pass	11:34am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA		Instrument Location (VARREN	
Instrument Seri	ial No. <u>008793</u>	128 RAPTER'S IN WA	RRENTON, NC
The preventive four months are		Intoximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>l</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd .	
10.		ister is being changed before expiration da nged every four months or after 125 Alcoh	
	e performed on the instrument inc	, 20 <u>/</u> the forgo dicated above, in accordance with current r the instrument is functioning properly.	ing preventive maintenance regulations of the N.C.
THE STATE OF A STATE O	Sign Sign	) hwol	Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 04/28/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	10:08am
AIR BLK	.00	10:09am
ACCY CHK	.07	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:11am
AIR BLK	.00	10:11am
SUB TEST	.00	10:13am
ATR BLK	.00	10:14am

Reported AC: |.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 04/28/2016 Test Record Number: 1021

Test Time: 10:16am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:17am
FLO	Pass	10:17am
FC	Pass	10:17am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:17am 10:17am 10:17am 10:17am 10:17am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:17am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:17am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:18am

Preventive Maintenance Status: Pass

Pass

10:18am

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	KE Instrument Location CARY PD
Instrument Seria	NO. DOBS87 120 WILKINSON AVE CARY, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he 27 day of APRIL , 20 6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF ALL THE ALL T	Signature of Certifying Official Certificate Number

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 04/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 04/20/2017

Test	g/210L	Time
DIAG	Pass	5:23pm
AIR BLK	.00	5:24pm
ACCY CHK	.08	5:24pm
AIR BLK	.00	5:25pm
SUB TEST	.00	5:26pm
AIR BLK	.00	5:27pm
SUB TEST	.00	5:28pm
ATR BLK	.00	5:29pm

Reported AC: | .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

## WAKE COUNTY CARY PD 910

Serial Number: 008587

Test Date: 04/27/2016 Test Time: 5:20-

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	5:30pm
FLO	Pass	5:30pm
FC	Pass	5:30pm

# Temperature Tests

Test	Status	Time
FC1	Pass	5:30pm
SRC	Pass	5:30pm
DET	Pass	5:30pm
BAR	Pass	5:30pm
BT	Pass	5:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:31pm

# CRC Tests

Test	Status	Time
COMP	Pass	5:31pm
CAL	Pass	5:31pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County / JA	ΧŪ	Instrument	Location APIZX	P.S.S.	rd 4
Instrument Seri	al No. <u>009621</u>	1615	E. WILLIA	MS ST. F	1PEX NO
* <u>- * * * * * * * * * * * * * * * * * *</u>	**************************************				
The preventive four months are	maintenance procedures for the Int	oximeters, M	odei Intox EC/IR I	I to be followed at leas	t once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg			breath simulator therr	nometer shows
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;			·	2
6.	When "PLEASE BLOW" appea	rs, collect bre	ath sample;		
7.	When "PLEASE BLOW" appea	rs, collect bre	ath sample;		
8.	Print test record;		de la companya de la		
9.	Verify Diagnostic Program; and		Two the state of t	o e regigiero e la la companya de l La companya de la co	Bay Way
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.				
procedures were	the 27 day of AFRI performed on the instrument indicated the dealth and Human Services, and the	ated above, ir	accordance with o		maintenance he N.C.
OT THE STATE OF A	Ou Dus D	Smil	A.	63'	1
	Signat	ture of Certify	ing Official	Certificate	Number

WAKE COUNTY APEX PD Serial Number: 008621

Test Date: 04/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201

Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	4:25pm
AIR BLK	.00	4:26pm
ACCY CHK	.08	4:26pm
AIR BLK	.00	4:28pm
SUB TEST	.00	4:28pm
AIR BLK	.00	4:29pm
SUB TEST	.00	4:31pm
ATR BLK	0.0	4 · 32pm

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Bus D Smith

WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 2064
Test Date: 04/27/2016 Test Time: 4:32pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:33pm
FLO	Pass	4:33pm
FC	Pass	4:33pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:33pm
SRC	Pass	4:33pm
DET	Pass	4:33pm
BAR	Pass	4:33pm
BT	Pass	4:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:34pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:34pm
CAL	Pass	4:34pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U/	)KE	Instrument Location	Instrument Location KNIGHT DALE PS		
Instrument Seria	ul No. 008838	979 STEEPLE	SOUARE CT.	KNIGHTDALE	
The preventive i		e Intoximeters, Model Intox E	C/IR II to be followed	d at least once every	
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the al degree centigrade;	coholic breath simulat	tor thermometer shows	
2.	Verify instrument displays t	ime and date;		÷	
3.	Initiate breath test sequence	.*			
4.	Enter information as prompt	ed;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears, collect breath sample;				
7.	When "PLEASE BLOW" appears, collect breath sample;				
8.	Print test record;				
9.	Verify Diagnostic Program;	and			
10.		anister is being changed befor hanged every four months or a			
	performed on the instrument	indicated above, in accordance d the instrument is functioning	with current regulation	eventive maintenance ons of the N.C.	
O'NE STATE OF NO.	Zu Zu z	SD Anurba		7.hg	

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 04/26/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D Permit Number: 8937E

Effective: 8937E

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	3:50pm 3:51pm
ACCY CHK	.07	
AIR BLK	.00	3:53pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:56pm
ATR RIK	0.0	3 · 5 7 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Record Number: 1342

Test Date: 04/26/2016

Test Time: 4:06pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:06pm 4:07pm
FC	Pass	4:07pm

## Temperature Tests

Status	Time
Pass	4:07pm
Pass	4:07pm
Pass .	4:07pm
Pass	4:07pm
Pass	4:07pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	4:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:07pm
$\epsilon_i^{i} = \epsilon$	CRC Tests	

Test	Status	Time
COMP	Pass	4:07pm
CAL	Pass	4:07pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	lashington Instrument Location Washington (U.S.D.
Instrument S	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 04/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:48am
AIR BLK	.00	9:49am
ACCY CHK	.07	9:50am
AIR BLK	.00	9:51am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:54am
ATR BLK	. 00	9:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829

Test Record Number: 702

Test Date: 04/27/2016

Test Time: 9:56am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	9:56am
FLO	Pass	9:56am
F'C	Pass	9:56am

## Temperature Tests

Test	Status	Time
FCI.	Pass	9:56am
SRC	Pass	9:56am
DET	Pass	9:56am
BAR	Pass	9:56am
BT	Pass	9:56am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:57am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:57am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:57am

Pass

9:57am

Preventive Maintenance Status: Pass

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUXIMETERS, MODEL INTUX EC/IR II
County W	ayne Instrument Location Whyne (o. Detention (enter
Instrument Ser	rial No. 008671 207 E. Chestnut St., Golds boro, M.C.
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of day of , 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF	CAROLLE CAROLL
TESE QUAM VIDER	Xel N - 643
	Signature of Certifying Official Certificate Number

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 04/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCÝ CHK	Pass .00 .07	10:22am 10:22am 10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:25am
AIR BLK	.00	10:25am
SUB TEST	.00	10:27am
ATR RIK	0.0	10:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 4283

Test Date: 04/26/2016

Test Time: 10:30am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:30am
FLO	Pass	10:30am
FC	Pass	10:30am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:30am 10:30am 10:30am 10:30am
BT	Pass	10:30am

#### Blank Tests

Test	Status	Time
ATR	Pass	10:31am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:31am
	CRC Tests	
Test	Status	Time

CAL Pass 10:31am

Preventive Maintenance

Status: Pass

Pass

10:31am

COMP

The second second

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIME	ETERS, MODEL INTOX EC	/IR II
County	Vilson	Instrument Location Wilson	2 Co. Detention C
Instrument Ser	ial No. 004652	100 E. Graen 59	., Wilson, N.C.
The preventive four months are		the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the alcoholic bre s.2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument display	s time and date;	
3.	Initiate breath test sequen	ice;	
4.	Enter information as pron	npted;	
5.	Verify instrument accurac	ey;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		•
9.	Verify Diagnostic Program	m; and	
10.	Verify that the ethanol gasimulator solution is being whichever occurs first.	s canister is being changed before expiratio g changed every four months or after 125 A	n date, or the alcoholic breath Icoholic Breath Simulator tests,
	e performed on the instrume	nt indicated above, in accordance with current and the instrument is functioning properly.	
OF THE STATE OF TH	NORMAN CAROLINA	and the same	Certificate Number
	Commence of the second	Signature of Certifying Official	Certificate Humber

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 04/19/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:54am 9:55am 9:55am
AIR BLK	.00	9:57am
SUB TEST	.00	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	10:00am
AIR BLK	.00	10:00am

/----

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Lind A. Clees

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 2834 Test Date: 04/19/2016 Test Time: 10:08am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:09am
FLO	Pass	10:09am
FC	Pass	10:09am

# Temperature Tests

Test	Status	Time
FC1	Pass	10:09am
SRC	Pass	10:09am
DET	Pass	10:09am
BAR	Pass	10:09am
BT	Pass	10:09am

## Blank Tests

Test	Status	Time
AIR	Pass	10:10am

#### Printer Tests

Test

PRNT	Pass	10:10am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:10am 10:10am

Status

Time

Preventive Maintenance Status: Pass